



APPLICATION FOR LICENSURE AS A MESSAGE THERAPIST

State Form 53748 (R14 / 7-22)

STATE BOARD OF MESSAGE THERAPY
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-8800
E-mail: pla14@pla.IN.gov
www.pla.IN.gov

- INSTRUCTIONS:
1. The fee for this application is \$100.00, payable to the Indiana Professional Licensing Agency, in accordance with 847 IAC 2-1-1.
 2. Completed application and fees should be mailed to the address listed in the upper right-hand corner of this form.
 3. All fees are non-refundable and non-transferable.
 4. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

FOR OFFICE USE ONLY

APPLICATION FEE	
DATE FEE PAID (month, day, year)	
RECEIPT NUMBER	
LICENSE NUMBER ISSUED	
DATE LICENSE ISSUED (month, day, year)	

APPLICANT

Attach one (1)
passport type
quality photograph
of yourself taken
within the last
eight (8) weeks.

DO NOT WRITE ABOVE THIS LINE

APPLICANT INFORMATION

Name (last, first, middle, maiden or previous)		Social Security number *
Address (number and street or rural route, city, state, and ZIP code)		
Date of birth (month, day, year)	Place of birth (city, state or foreign country)	
Work telephone number ()	Home telephone number ()	E-mail address (required)
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select ONLY ONE of the following.)		
<input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 USC § 1641). <input type="checkbox"/> I am authorized by the Federal government to work in the United States.		
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional)		Are you an active duty member of the military? (Optional)
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

METHOD OF OBTAINING LICENSURE

Please check one:

- ☐ I am applying for licensure by examination.
- ☐ I am applying for licensure by endorsement. I have an active license or certificate to practice massage therapy in another state.

EDUCATION INFORMATION

Have you graduated from high school or obtained a GED?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the information below.		
Name of school	Location (city and state)	Date of diploma / GED (month, day, year)

MESSAGE THERAPY PROGRAM INFORMATION

Name of course provider	Date started (month, day, year)	Date completed (month, day, year)
Location (city and state)		Number of hours completed
<input type="checkbox"/> I have completed at least six hundred twenty-five (625) hours of supervised classroom and hands-on instructions in Massage Therapy in accordance with IC 25-21.8-4.2.		

EXAMINATION INFORMATION

I have passed the (check one):			
<input type="checkbox"/> MBLEX	<input type="checkbox"/> NCETM	<input type="checkbox"/> NCBTMB	<input type="checkbox"/> NBCA NCE

OTHER STATE LICENSURE / CERTIFICATION / REGISTRATION / PERMIT

Do you now hold, or have you ever held, a license / certificate / registration / permit to practice or perform any regulated profession by a state licensing board?

☐ Yes ☐ No

If yes, list all states below, ***including Indiana***, in which you have held license / certification / registration / permit to practice any state regulated profession.
 Verification of all listed licenses must be submitted directly from the state licensing board.

TYPE OF LICENSE / CERTIFICATE / REGISTRATION / PERMIT	STATE	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS

QUESTIONS

If your answer is "Yes" to any of the following, explain fully in a signed written statement, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application. Do not file this application without this documentation.

- Has disciplinary action ever been taken regarding any license, certificate, registration or permit you hold or have held? ☐ Yes ☐ No
- Have you ever been denied a license, certificate, registration or permit to practice or perform any regulated occupation in any state (*including Indiana*) or country? ☐ Yes ☐ No
- Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,
 - have you ever been arrested; ☐ Yes ☐ No
 - have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; ☐ Yes ☐ No
 - have you ever been convicted of any offense, misdemeanor, or felony in any state; ☐ Yes ☐ No
 - have you ever pled guilty to any offense, misdemeanor, or felony in any state; or ☐ Yes ☐ No
 - have you ever pled *nolo contendere* to any offense, misdemeanor, or felony in any state? ☐ Yes ☐ No
- Are you currently, or have you ever been, listed on a national or state registry of sex offenders? ☐ Yes ☐ No
- Have you ever been charged with or convicted of prostitution, rape, or any other sexual misconduct? ☐ Yes ☐ No

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I affirm, under penalties for perjury, that the foregoing representations are true.

Signature of applicant

Date (*month, day, year*)