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LIEUTENANT GOVERNOR

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SECRETARY OF HOUSING  
AND ECONOMIC DEVELOPMENT

Commonwealth of Massachusetts  
Division of Professional Licensure  
Board of Registration of Massage Therapy  
239 Causeway Street • Boston • Massachusetts • 02114

BARBARA ANTHONY  
UNDERSECRETARY, OFFICE OF  
CONSUMER AFFAIRS & BUSINESS  
REGULATION

GEORGE K. WEBER  
DIRECTOR, DIVISION OF  
PROFESSIONAL LICENSURE

**CERTIFICATION OF STANDING REQUEST**

Instructions:

1. Applicant – Complete upper portion of form and forward to each jurisdiction where you have held any professional license or certification. (This form may be photocopied if necessary).

2. The licensing agency is to complete the lower portion of this form and submit it either to the applicant in a sealed envelope or mail directly to the Commonwealth of Massachusetts Board of Registration of Massage Therapy at the address listed above in an envelope with the agency's return address printed on it.

THIS FORM WILL NOT BE ACCEPTED IF THE ENVELOPE HAS BEEN OPENED OR IF IT APPEARS THE APPLICANT HAS WRITTEN IN THE LOWER PORTION OF THE FORM.

**To be completed by Applicant.**

Last Name			First Name			Middle Name		
Street Address				City		State		Zip Code
Type of License Granted				License #		Date Issued		

I authorize the release of all pertinent information, favorable or otherwise, to the Commonwealth of Massachusetts Board of Registration of Massage Therapy.

Signature of Applicant			Date of Request		
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**To be completed by licensing agency only. Applicant should not write below this point.**

This is to certify that the above named individual was issued license number: \_\_\_\_\_

Title of Applicant's License: \_\_\_\_\_ Date License Issued: \_\_\_\_\_

Lapsed/Expired on: \_\_\_\_\_ Credential current through: \_\_\_\_\_

Please answer the following questions. If the answer to any question is YES, explain on the reverse side of this form or attach appropriate documentation supporting your answer.

- 1. Has the applicant's credential ever been suspended or revoked?  Yes  No
- 2. Are there any complaints and/or disciplinary action taken or pending against this applicant?  Yes  No
- 3. Does this credential have any restrictions or limitations on it?  Yes  No

Signature of Official: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Official: \_\_\_\_\_

Official Title: \_\_\_\_\_

Agency  
Seal

Licensing Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

