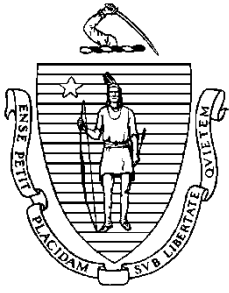


**BOARD OF REGISTRATION OF MASSAGE THERAPY**  
**Instructions for Grandfathering Application**

1. If you are ineligible for a Social Security Number, contact the Board for instructions.
2. Regarding Question #4, the address that you choose as your mailing address is **public record** and will be released to anyone upon request. If you select the business address option, please include the business name.
3. You must be 18 years old **and** a high school graduate, or its equivalent.
4. If you answered Question #10 in the affirmative, a certificate of standing is required from every **out-of-state** licensure jurisdiction. Certificates are required for all licensure status including lapsed, expired, etc. Contact that jurisdiction and have the document mailed to you for inclusion with your application. Please maintain the official **statement(s) in the unopened, jurisdiction-sealed envelope(s) to accompany your application**. The document may also be mailed direction to the Board; however, this may cause a delay in processing your application.
5. Regarding **Question #15**, you must list all offenses inclusive of OUI, DUI, and Operating after/with suspended license or registration. Dispositions of “continued without finding” (“CWOFF”) or “admission to sufficiency of facts” must be reported. Do not include minor traffic offense(s).
6. Your application must be signed and notarized.
7. **Two signed letters of reference must accompany your application**. One letter must be from an employer in the massage therapy or medical field, massage therapy educator, massage therapist, or health care provider with whom you have had a professional relationship and should address your competence and integrity. The other letter may be from any unrelated person who can comment favorably upon your professional integrity.
8. **You must provide a copy of the insurance policy declarations page that indicates the amount and effective date of coverage**. The policy must be in your own name and provide for a minimum of at least \$1,000,000 per occurrence and at least \$1,000,000 aggregate. The Board cannot make recommendations about insurers; however, professional associations are usually a good source of information. See the Board’s web site for links.
9. Include a check or money order for **\$225.00** in U.S. funds made payable to the **Commonwealth of Massachusetts**. The fee is **not** refundable. Please note that your application will not be processed without the correct fee. The initial fee includes both application processing and your first license.
10. **Mail the complete application package to: Board of Massage Therapy, 239 Causeway Street, 5<sup>th</sup> Floor: Individual Licensure, Boston, MA, 02114.**
11. If you have any additional questions, please contact the Board via: email, michael.e.hawley@state.ma.us or feiyan.h.chen@state.ma.us or by phone, (617) 727-1747.



The Commonwealth of Massachusetts  
Division of Professional Licensure  
www.mass.gov/dpl/boards/mt  
**Board of Registration of Massage Therapy**  
(617) 727- 1747  
239 Causeway Street  
Boston MA 02114

**GRANDFATHERING APPLICATION**

1. Applicant Name: \_\_\_\_\_  
Last First Middle

Maiden Name/Other Name: \_\_\_\_\_

2. Permanent Address: \_\_\_\_\_  
No. Street Apt. #

\_\_\_\_\_  
City/Town State Zip Code

3. Business Address (If Applicable): Name: \_\_\_\_\_

\_\_\_\_\_  
No. Street Apt. #

\_\_\_\_\_  
City/Town State Zip Code

4. Which address should appear on your license? Permanent  Business

5. E-mail: \_\_\_\_\_

Please note: EMAIL will be the primary means of contact for routine correspondences during the application process.

6. Telephone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

7. Educational Background:

High School Name: \_\_\_\_\_

Location: \_\_\_\_\_ Year: \_\_\_\_\_

Massage Therapy School: \_\_\_\_\_

Location: \_\_\_\_\_ Year: \_\_\_\_\_

8. Professional Experience:

Number of Years of Paid Professional Practice: \_\_\_\_\_

9. Grandfathering; **Choose one** grandfathering provision and fill out **only** that section:

I have held a Massage Therapy license in a Massachusetts community within the past 2 years.

Location: \_\_\_\_\_

License number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Location: \_\_\_\_\_

License number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Location: \_\_\_\_\_

License number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**NOTE:** You must include a copy of at least **one NON-TEMPORARY, valid license with an expiration date within 2 years of the date that you mail this application.** If you are licensed by more than one municipality, you should list all (use a separate sheet if needed).

**OR**

I have passed an exam administered by the National Certification Board for Therapeutic Massage and Bodywork.

Exam taken:  Therapeutic Massage and Bodywork (NCETMB)  
 Therapeutic Massage (NCETM)

Date: \_\_\_\_\_

**NOTE:** An official score (see [http://www.ncbtmb.com/certificants\\_forms.php](http://www.ncbtmb.com/certificants_forms.php)) is required. You should have the form mailed to yourself, but do not open the envelope. Include the still-sealed envelope with this application. If the form is mailed directly to the Board, your application may be delayed.

**OR**

I have 500 hours of paid professional practice within the past 5 years.

**NOTE:** Additional documentation is required inclusive of the attached *Supervisor Certification Form*. Also please include one or more of the following (sufficient to prove 500 hours of paid professional practice): Appointment book(s), Treatment cards, Business tax returns, Credit card receipts, Business advertisements, 1099 or W2 forms, Letters from respected community leaders, Check stubs, or Business receipts.

10. List all professional licenses/certifications you have held in the United States, or any country or foreign jurisdiction, and the state/jurisdiction from which the license/certification was originally issued. Enclose a certificate of standing from each state or jurisdiction outside Massachusetts in which you have been licensed/certified, indicating the status of your license and any disciplinary information. \_\_\_\_\_

11. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes:  No:

If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_

12. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes:  No:



**YOU MUST SIGN (AND NOTARIZE) THIS  
GRANDFATHERING APPLICATION CHECKLIST  
AND INCLUDE IT WITH YOUR APPLICATION**

I certify, under the pains and penalties of perjury, the truth of the following statements:

- I have read the "Instructions for Grandfathering Application".
- I have enclosed a completed (signed & notarized) "Grandfathering Application" form.
- I have enclosed Grandfathering Documentation (i.e., Town License; National Cert. Exam Transcripts; or Supervisor Certification form **in addition to** other proof of 500 hours).
- I have enclosed two signed Letters of Reference (one letter from an employer in the massage therapy or medical field, massage therapy educator, massage therapist, or health care provider with whom you have had a professional relationship and the other from any unrelated person who can comment favorably upon your professional integrity).
- If applicable, I have enclosed sealed, official, certificates of standing from each jurisdiction (outside of MA) in which I have held a professional license or certification.
- I have enclosed my \$1,000,000 individual, massage therapy liability insurance policy declaration, **valid for post-graduate, professional, unsupervised practice.**
- I have enclosed a \$225.00 Check/Money Order payable to: **Commonwealth of MA.**

**MANDATORY**

**My social security number is:**

□ □ □ - □ □ - □ □ □ □

Pursuant to G.L. c. 62C, § 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Date

ID THEFT INDEX PIN: \_\_\_\_\_<sup>2</sup>

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of government issued identification, which was/were \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document, and acknowledged to me \_\_\_\_\_ SEAL that (he) (she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Signature of Notary                      My commission expires \_\_\_\_\_

**Mail your application materials to:**

**Board of Massage Therapy, 239 Causeway Street, 5<sup>th</sup> Floor: Individual Licensure, Boston, MA, 02114.**

*Revised 10/27/09*

<sup>2</sup> Only applicable if the individual has been enrolled in the NCIC Identity Theft File by the CHSB)

