

# **BOARD OF REGISTRATION OF MASSAGE THERAPY**

## **Instructions for Initial Massage Therapist License Application**

1. Please read and review the Board's regulations governing Individual Licensure at CMR 3.00 and/or visit the Board's website at <http://www.mass.gov/ocabr/licensee/dpl-boards/mt/regulations/269-cmr/269-cmr-200-definitions.html>
2. If you are ineligible for a Social Security Number, contact the Board for instructions.
3. 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.
4. You must be 18 years old **and** a high school graduate, or its equivalent.
5. If you answered "yes" to holding other professional licenses, an official verification of standing is required for every professional license listed, including from every **out-of-state** licensure jurisdiction. An official verification of standing is required for **all** licensure status including **lapsed, expired, etc.** Please contact the appropriate licensing authority/jurisdiction and have the document mailed to you for inclusion with your application. The document must be mailed directly to the Board at 1000 Washington St. Suite 710 Boston, MA 02118. **(Please note, verification(s) of standing is not required if professional license is held within the Division of Professional Licensure)**
6. You must list all offenses including 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 offenses.
7. You must obtain an **Official Transcript** from your Massage Therapy program and include the **still-sealed envelope** with your application. The document must be mailed directly to the Board at 1000 Washington St. Suite 710 Boston, MA 02118 Attn: Individual Licensure (your application ID number).
8. Educational Requirements-you must complete all fields indicating clock hours and course names of the **online application form** and include all supporting documents in the documents tab (ie: detailed course descriptions and full breakdown of the **clock hours** for each course, if noted as credit hours on official transcripts. You may need to contact your school for this information) *\*Please note: If your program is noted in Credit Hours, **a complete breakdown of the program Clock Hours is required directly from your school on letterhead.***
9. **Two signed letters of reference must accompany your application (in the documents tab).** 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.
10. **You must provide a copy of the insurance policy declarations page that indicates the amount and effective date of coverage (in the documents tab).** 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.
11. If you have taken and passed either the **Massage or Bodywork Licensing Exam (MBLE<sub>x</sub>)** administered by the Federation of State Massage Therapy Board (FSMTB) or the **National Certification Examination** for Therapeutic Massage and Bodywork (NCBTMB) administered by the National Certification Board of Therapeutic Massage and Bodywork (NCBTMB) **on or after 2010**, submit proof of passage **(in the documents tab)**.
12. Online payment submission of **\$225.00** in U.S. funds. 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.
13. **(If sending by mail) Send the complete application package to: Board of Registration of Massage Therapy, 1000 Washington Street, Suite 710; Individual Licensure, Boston, MA, 02118-6100. Be sure to upload documents [Initial Application for Licensure](#).**
14. **Please allow 4-6 weeks for processing. You will be contacted via e-mail if further information is required. If you do not have an e-mail address, you will be contacted by postal mail; but this may take longer.**
15. If you have any additional questions, please contact the Board via e-mail: [massagetherapy@state.ma.us](mailto:massagetherapy@state.ma.us) or contact Fei Yen Chen by phone (617) 727-9964.