

BOARD OF REGISTRATION OF MASSAGE THERAPY

Instructions for Single Therapist Establishment Application

1. If your establishment will have **one and only one massage therapist**, then this form, the single therapist establishment application, is the correct application form. If your establishment will have more than one therapist, then the Multiple Therapist Establishment Application form is required instead.
2. An application must be submitted for each physical location. Additionally, should you move your establishment after licensure by the Board of Registration of Massage Therapy (“Board”), a new application must be submitted because licenses are not transferable.
3. You must read the regulations: 269 CMR 6.00 et. seq. Go to: www.mass.gov/dpl/mt and select "statutes and regulations." On the next page select "Rules and regulations governing massage therapists." On the next page select "269 CMR 6.00: Facility Licensure."
4. The online application must be completed and submitted by the Establishment **Operator**.
5. If you answered “yes” to holding other professional licenses, a certificate of standing is required from every **out-of-state** licensure jurisdiction. Certificates are required for all licensure statuses 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**. Mail directly to the Board: **Board of Registration of Massage Therapy 1000 Washington St. Suite 710 Boston, MA 02118** (include your application record ID).
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 offense(s). Please upload a separate statement to the Board. (**attach statement in the “documents” section**)
7. Your application must include a **floor plan (attach in the “documents” section)**.
8. Notarized and signed **CORI Acknowledgment Form** for all signatories of this application. (see pages 8 & 9) (**Attach in the “documents” section**).
9. **If your establishment is required to carry worker’s comp insurance, you must provide a copy of the worker’s comp insurance policy declarations page that indicates the amount and effective date of coverage.** The policy must reference the establishment. The Board cannot make recommendations about insurers nor can the board provide advice on whether your establishment is required to carry worker’s comp insurance (**Attach in the “documents” section**).
10. Online payment submission of **\$50.00** 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.
11. **(If sending by mail) Send complete application package to: Board of Massage Therapy, 1000 Washington Street, Suite 710: Establishment Licensure, Boston, MA, 02118-6100. See application on board’s website Single Therapist Application Form.**
12. **Please allow 4 – 6 weeks for processing when all required documents have been received and approved by the board.** If you have any additional questions, please contact the Board via e-mail: joann.termine@state.ma.us or by phone: (617) 727-3084.
13. **All new establishments will require a full inspection prior to licensure-** All establishments must be ready for business when applications are submitted, in order for inspectors to conduct a full initial inspection. Inspectors will **not** conduct a full inspection during any construction or transition to a new location. Submission of incomplete application and/or an inspector’s inability to conduct a full inspection will delay the process for licensure of the establishment. Notification will be given prior to the initial inspection however, please work with the assigned inspector as exact inspection time nor date can be guaranteed in advanced. The establishment **Operator** or **Compliance Officer** must be present for initial inspections. **Inspectors will only conduct (2) attempts for initial inspection. Failure after the 2nd attempt may result in denial of the application.**