

**Virginia Board of Nursing
Massage Therapy Advisory Board**

Wednesday, May 29, 2019
10:00 A.M. – Training Room 1
Department of Health Professions
9960 Mayland Drive, Suite 201
Henrico, VA 23233

Agenda

- I. Call to Order:** Dawn M. Hogue, L.M.T., Chair
- II. Establishment of a Quorum**
- III. Announcements**
 - Joseph L. Schibner, IV, L.M.T., L.Ac., D.O.M. – Term expires June 30, 2019
 - Stephanie Quinby, L.M.T. – Term expires June 30, 2019
- IV. Old Business**
 - Review & approval of minutes from November 5, 2018 meeting
- V. Public Comment/Open Forum**
- VI. New Business**
 - Election of Officers – Ms. Hogue
 - 2019 Informal Conference Schedule (Jul-Dec) / 2019 Formal Hearing Schedule – Ms. Ridout
 - Discussion of Issues Related to Licensure of Massage Therapists – Ms. Ridout
 - 18VAC90-50-40 A(2). Initial licensure.
 - 18VAC90-50-60. Provisional licensure.
 - Review of Frequently Asked Questions – Ms. Hanchey
 - Disciplinary Trends for Licensed Massage Therapists
 - Federation of State Massage Therapy Boards (FSMTB) Massage Therapy Licensing Database –
CLOSED SESSION – Ms. Hanchey/Ms. Ridout
- VII. Reports**
 - Report on FSMTB Third Annual Member Board Executive Summit (April 18-19, 2019 in Cleveland, Ohio) – Ms. Hanchey
- VIII. Information Only (No Action Required)**
 - May In Touch with FSMTB Newsletter
 - Revised Paper Applications
 - Application for Initial Licensure
 - Application for Licensure by Endorsement
 - Application for Reinstatement
 - Application for Reinstatement After Discipline
- IX. Discussion for Future Meetings**
- X. Adjournment of Meeting**

*Prepared by Cathy M. Hanchey
Revised 5/28/2019*

Mission Statement: *Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.*

**VIRGINIA BOARD OF NURSING
MASSAGE THERAPY ADVISORY BOARD
MINUTES**

Monday, November 5, 2018

TIME AND PLACE: The meeting of the of the Massage Therapy Advisory Board convened at 10:00 a.m. in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Stephanie Quinby, L.M.T., Vice-Chair

MEMBERS PRESENT: Stephanie Quinby, L.M.T., Vice-Chair
Dawn Hogue, L.M.T.
Jermaine Mincey, Citizen Member – **arrived at 10:28 am**

MEMBERS ABSENT: Joseph L. Schibner, IV, L.M.T., L.Ac. D.O.M., Chair
Kristina Page, L.M.T.

STAFF PRESENT: Jay P. Douglas, R.N., M.S.M., C.S.A.C., F.R.E., Executive Director
Lisa Speller, R.N., B.S.N.
Cathy Hanchey, Administrative Specialist

IN THE AUDIENCE: Becky Bowers-Lanier, American Massage Therapy Association-VA Chapter

CALL TO ORDER: Ms. Quinby called the business meeting to order at 10:00 a.m., noting that a quorum was not established, but the meeting could proceed on those items not requiring a vote.

NEW BUSINESS: Ms. Douglas addressed recent staff changes relative to the massage therapy practice, specifically: Charlette N. Ridout, R.N., M.S., C.N.E., as the Deputy Executive Director to fill the position vacated with Brenda Krohn's retirement effective August 31, 2018; Cathy Hanchey as the Senior Licensing/Discipline Specialist to fill the position vacated by Latasha Austin; and, Lisa Speller, R.N., B.S.N., as a gubernatorial appointment as Policy Assistant to the Board of Nursing.

Section 54.1-3029.1 of the *Code of Virginia*, outlines requirements for the composition of the Advisory Board on Massage Therapy, including three (3) members who are licensed massage therapists, one administrator or faculty member, and one citizen member. Ms. Douglas noted that Dr. Schibner and Ms. Quinby's terms expire as of June 30, 2019, and these vacancies will need to be filled.

The By-laws for the Advisory Board on Massage Therapy require elections for a Chair and Vice-Chair annually, and a person may not serve for more than two consecutive terms.

Ms. Douglas advised of an immediate need for coverage of informal conferences on February 12, 2019. Ms. Quinby advised that she would be available to serve as a member of the Special Conference Committee on that date.

Ms. Douglas also outlined dates for potential formal hearings requiring coverage, and advised that discipline cases are never heard on Tuesdays. Ms. Quinby and Ms. Hogue stated they would check their calendars for availability for future informal conference dates and formal hearings and advise Ms. Hanchey of their availability.

Ms. Douglas wanted to call attention to the recent regulatory changes affecting continuing competency requirements as requested by Dr. Schibner. Ms. Hogue asked about changes to provisional licensure, and Ms. Hanchey advised that is still an option, but provisional licenses have only been issued twice in the past year.

REPORTS:

Ms. Hogue provided an oral report re-capping the Federation of State Massage Therapy Boards (FSMTB) Annual Meeting that was held in Salt Lake City, Utah on October 4-6, 2018, including election of new officers and passing a resolution by Wisconsin for a model law on licensing of establishments. Additional discussions included the Massage Therapy Licensing Database (MTLD), climate of de-regulation, alternative testing, universal transcript template, and the use of cannabidiol oil where marijuana is legal.

Ms. Douglas gave a report on the criminal background check (CBC) requirement for massage therapist applicants by initial licensure, endorsement and reinstatement that was effective as of January 1, 2017. The report covered statistics from January 1, 2018 – September 30, 2018.

- A total of 905 LMT applicants initiated the CBC process for this reporting period
- Total number of LMT applicants with convictions (disclosed and non-disclosed) was 135.
- Total number of LMT applicants with no convictions was 770.

Ms. Hanchey reviewed with the Advisory Board the current number of disciplinary cases for LMTs regulated by the Board of Nursing, including 44 actions taken on 27 LMTs, of 8,695 active massage therapists as of September 30, 2018.

INFORMATION ONLY

Ms. Hogue reported that there were no changes to policy in the Commission on Massage Therapy Accreditation (COMTA) Policy and Procedure Manual updated July 2018. Changes were to process only.

Mr. Mincey joined the meeting at 10:28 a.m.

ESTABLISHMENT OF A QUORUM:

With 3 members of the Massage Therapy Advisory Board present at 10:28 a.m., a quorum was established.

OLD BUSINESS:

An overview was provided of the minutes from the last Massage Therapy Advisory Board meeting held on November 7, 2017. Ms. Hogue moved that the

minutes from the November 7, 2017 meeting be approved. The motion was seconded by Mr. Mincey and carried unanimously.

PUBLIC COMMENT:

Ms. Bowers-Lanier stated that the Virginia Chapter of the American Massage Therapy Association had no public comment at this time.

NEW BUSINESS:

Elections were made for a Chair and Vice-Chair for the Advisory Board on Massage Therapy. Ms. Quinby made a motion to nominate Ms. Hogue as Chair. The motion was seconded by Ms. Hogue and carried unanimously. Ms. Quinby made a motion to nominate herself as Vice-Chair. The motion was seconded by Ms. Hogue and carried unanimously.

The Advisory Board on Massage Therapy reviewed and discussed Guidance Documents 90-58 and Guidance Document 90-38. The Advisory Board discussed the following proposed changes to the Guidance Documents:

- **Guidance Document 90-58**
Proposed to remove:
 - ❖ Article III, Section 3 in its entirety.
- **Guidance Document 90-47**
Proposed to add:
 - ❖ Under “Appropriate Draping and Technique,” add: “... written informed consent of the client include: Anus, penis, testicles, scrotum, vagina, labia, clitoris, breast, nipples, and areola.”

Mr. Mincey made a motion that the Advisory Board on Massage Therapy recommend to the Board of Nursing to accept the proposed recommended changes to remove Article III, Section 3 in its entirety from Guidance Document 90-58 and to add “breasts” to Guidance Document 90-47. The motion was seconded by Ms. Hogue and carried unanimously.

Ms. Quinby will provide changes to Guidance Document 90-47 to Ms. Speller by December 2018 for the January 2019 Board of Nursing meeting, including the National Certification Board for Therapeutic Massage & Bodywork’s Standards of Conduct.

Dr. Schibner’s October 31, 2018 correspondence requested that the Advisory Board on Massage Therapy discuss its stance on Thai Yoga Massage. Following discussion, the Advisory Board on Massage Therapy decided that there was not enough background provided to fully address the issue. The Board of Nursing would continue to address any complaints that may arise as they come to the Board of Nursing’s attention. Additionally, the Board of Nursing cannot dictate to schools what is being told to students regarding exemption from massage therapy regulation. The Advisory Board on Massage Therapy decided to invite the State Council of Higher Education for Virginia (SCHEV) to attend and speak to the Advisory Board on Massage Therapy at its next meeting, tentatively planned for April 2019.

The Advisory Board on Massage Therapy had questions concerning implementation of FSMTB's MTLT. Board of Nursing staff will schedule a conference call with FSMTB to obtain answers to the Advisory Board's questions concerning implementation, participating states, public availability, and cost.

REPORTS:

Ms. Douglas gave an oral report on the October 12, 2018 meeting at the request of the Henrico County Police Department concerning human trafficking.

Ms. Speller provided an oral report on the October 23, 2018 meeting of the Anti-Human Trafficking Coordinating Committee report, "Laying the Foundation." This committee is currently not under Executive Order, and is currently operating as a voluntary committee with the participation of several state agencies.

**DISCUSSION OF
FUTURE MEETINGS:**

Board staff will coordinate with the Advisory Board on Massage Therapy members on availability for a meeting in April 2019 and confirm exact date when possible.

ADJOURNMENT:

Mr. Mincey made a motion to conclude the meeting. The motion was seconded by Ms. Hogue and carried unanimously. The meeting was adjourned at 12:08 p.m.

Jay P. Douglas, R.N., M.S.M., C.S.A.C., F.R.E.
Executive Director

LMT ADVISORY BOARD MEMBERS

NEEDS FOR IFC & FH COVERAGE

2019

Informal conferences (IFCs) Dates for July to December 2019

IFC dates that we will need an LMT advisory board member to be on the committee:

- ***August 5, 2019***
- ***October 7, 2019***
- ***December 5, 2019***

It could be no cases, 1 or 2 cases, or a full day of cases.

Normally it is only for morning cases (4 or 5 cases), so you would only be here 9:00 am until 12:00 noon, or 1:00 pm.

Occasionally, we will have LMT cases scheduled all day, but it is rare.

No matter how many cases, you could still get a free lunch!

Please look at your calendar and let me know if you are available on any one of these dates.

Formal Hearings (FHs) Dates for 2019

FH dates that we may need an LMT advisory board member on the panel:

- ***July 15-19, 2019***
- ***September 16-18, 2019***
- ***November 18-21, 2019***

To be scheduled for a formal hearing, it would be (1) certain reinstatements; (2) appealing an IFC decision; (3) not signing a consent order that is offered at an IFC. If #2 or #3, it could not be the same LMT person that was on the committee for the IFC as you would be conflicted with the case. So, please look at dates and consider when you may or may not be available, but it will depend on who and why the FH is scheduled, and we will have to ask on a case-by-case basis.

18VAC90-50-40. Initial Licensure.

Part II. Requirements for Licensure

A. An applicant seeking initial licensure shall submit a completed application and required fee and verification of meeting the requirements of § 54.1-3029 A of the Code of Virginia as follows:

1. Is at least 18 years old;
2. Has successfully completed a minimum of 500 hours of training from a massage therapy program certified or approved by the State Council of Higher Education for Virginia or an agency in another state, the District of Columbia, or a United States territory that approves educational programs, notwithstanding the provisions of § 23.1-226 of the Code of Virginia;
3. Has passed the Licensing Examination of the Federation of State Massage Therapy Boards, or an exam deemed acceptable to the board;
4. Has not committed any acts or omissions that would be grounds for disciplinary action or denial of certification as set forth in § 54.1-3007 of the Code of Virginia and 18VAC90-50-90; and
5. Has completed a criminal history background check as required by § 54.1-3005.1 of the Code of Virginia.

B. An applicant shall attest that he has read and will comply with laws and regulations and the professional code of ethics relating to massage therapy.

C. An applicant who has been licensed or certified in another country and who provides certification of equivalency to the educational requirements in Virginia from a credentialing body acceptable to the board shall take and pass an examination as required in subsection A of this section in order to become licensed.

Statutory Authority

§§ 54.1-2400 and 54.1-3005 of the Code of Virginia.

Historical Notes

Derived from Volume 13, Issue 24, eff. September 17, 1997; amended, Virginia Register Volume 19, Issue 07, eff. January 15, 2003; Errata, 19:8 VA.R. 1273 December 30, 2002; amended, Virginia Register Volume 25, Issue 04, eff. December 11, 2008; Volume 28, Issue 25, eff. September 12, 2012; Volume 29, Issue 22, eff. August 15, 2013; Volume 32, Issue 26, eff. September 21, 2016; Volume 34, Issue 09, eff. January 24, 2018.

18VAC90-50-60. Provisional Licensure.

- A. An eligible candidate who has filed a completed application for licensure in Virginia, including completion of education requirements, may engage in the provisional practice of massage therapy in Virginia while waiting to take the licensing examination for a period not to exceed 90 days from the date on the written authorization from the board. A provisional license may be issued for one 90-day period and may not be renewed.
- B. The designation of "massage therapist" or "licensed massage therapist" shall not be used by the applicant during the 90 days of provisional licensure.
- C. An applicant who fails the licensing examination shall have his provisional licensure withdrawn upon the receipt of the examination results and shall not be eligible for licensure until he passes such examination.

Statutory Authority

§§ 54.1-2400 and 54.1-3005 of the Code of Virginia.

Historical Notes

Derived from Volume 13, Issue 24, eff. September 17, 1997; amended, Virginia Register Volume 19, Issue 07, eff. January 15, 2003; Errata 19:8 VA.R. 1273 December 30, 2002; amended, Virginia Register Volume 29, Issue 22, eff. August 15, 2013; Volume 32, Issue 26, eff. September 21, 2016; Volume 34, Issue 09, eff. January 24, 2018.

Licensed Massage Therapist

What is a massage therapist and what is massage therapy?

Pursuant to § 54.1-3000

(<https://law.lis.virginia.gov/vacode/title54.1/chapter30/section54.1-3000/>)
of the Code of Virginia and 18VAC90-50-10

(<https://law.lis.virginia.gov/admincode/title18/agency90/chapter50/section10/>)
of the Virginia Regulations Governing the Licensure of Massage
Therapist:

A "massage therapist" means a person who meets the qualifications specified in this chapter and who is currently licensed by the Board.

The practice of "massage therapy" means the treatment of soft tissues for therapeutic purposes by the application of massage and bodywork techniques based on the manipulation or application of pressure to the muscular structure or soft tissues of the human body. The term "massage therapy" does not include the diagnosis or treatment of illness or disease or any service or procedure for which a license to practice medicine, nursing, midwifery, chiropractic, physical therapy, occupational therapy, acupuncture, athletic training, or podiatry is required by law or any service described in § 54.1-3001 (<http://law.lis.virginia.gov/vacode/54.1-3001/>)(18).

"Massage therapy" shall not include manipulation of the spine or joints.

Do I need to be a Licensed Massage Therapist to practice massage therapy in Virginia?

Pursuant to § 54.1-3008

(<https://law.lis.virginia.gov/vacode/title54.1/chapter30/section54.1-3008/>)
(A)(7) of the Code of Virginia, it shall be a Class 1 misdemeanor for any

person to engage in the practice of massage therapy or hold himself out as practicing massage therapy unless he holds a license as a massage therapist issued by the Board. In addition, many Virginia municipalities (counties and cities) have ordinances that prevent you



Back To
Top

from performing massage and/ bodywork unless you are a Virginia Licensed Massage Therapist. Therefore, you may want to also check local ordinances.

Where can I find all the information I need regarding Massage Therapy Licensure and how can I apply? —

All the information needed can be found on the Board of Nursing's website. Nursing's page contains laws and regulations related to massage therapy licensure. Nursing's Applications (http://www04094:8080/terminalfour/preview/1/en/nursing_forms.htm) page has links to access/download instructions and online (<https://www.license.dhp.virginia.gov/apply/>) applications to apply. Also check with the locality/jurisdiction where you plan to practice for any additional laws, regulations, and restrictions regarding massage therapy.

Does Virginia require a criminal background check for licensure as a massage therapist? —

Yes. Pursuant to § 54.1-3005.1 (<https://law.lis.virginia.gov/vacode/title54.1/chapter30/section54.1-3005.1/>) of the Code of Virginia, effective January 1, 2017, the Virginia Board of Nursing incorporated both state and federal criminal background checks as part of the application process for Massage Therapists. This requirement applies to applicants by initial application, endorsement and reinstatement. Upon submission of an application, information on criminal background checks will be provided to the potential licensee. For more information about initiating this process visit the page.

Can I fax my application? —

No. Applications for initial licensure and licensure by endorsement as a massage therapist are accepted exclusively online (<https://www.license.dhp.virginia.gov/apply/>). Applications for licensure by reinstatement as a massage therapist can be accessed and download from the Board of Nursing applications



(http://wwb04094:8080/terminalfour/preview/1/en/nursing_forms.htm) page and must be mailed to the Board of Nursing along with the required reinstatement application fee.

What are the fees for licensure as a massage therapist? –

A list of all fees may be found in the regulations, 18VAC90-50-30 (<https://law.lis.virginia.gov/admincode/title18/agency90/chapter50/section30/>).

How long does it take to process my Massage Therapist application?

All applications are processed in the order received and may take up to 30-45 working days to review. The length of time required to completely process an application for licensure varies depending on the completeness of the application, how long it takes for us to receive missing documentation (i.e. transcripts, exam results, verifications, criminal background check, court documents), and if there are causes for denial to consider, such as convictions, disciplinary action on another license, or disciplinary action in another state. Everything required for initial licensure can be found in the regulations, 18VAC90-50-40 (<https://law.lis.virginia.gov/admincode/title18/agency90/chapter50/section40/>). Once the application is considered complete (all documentation required has been received) and your application for licensure has been approved, you should receive your license in the mail within 10 working days.

Note: Licensure by Endorsement can be found in the regulations, 18VAC90-50-50 (<https://law.lis.virginia.gov/admincode/title18/agency90/chapter50/section50/>). Endorsement applies to a massage therapist who has been licensed, certified or registered as a massage therapist in another U.S. jurisdiction with requirements substantially equivalent to those states in 18VAC90-50-40 (<https://law.lis.virginia.gov/admincode/title18/agency90/chapter50/section40/>), and who is in good standing or is eligible for reinstatement. Requirements for renewal/reinstatement can be found in the regulations, 18VAC90-50-70 (<https://law.lis.virginia.gov/admincode/title18/agency90/chapter50/section70/>)



and 18VAC90-50-75

(<https://law.lis.virginia.gov/admincode/title18/agency90/chapter50/section75/>)

(Continuing Competency Requirements).

How can I expedite my application process? —

To make sure your application is processed in a timely fashion, make sure your application is filled out correctly and completely with initial submission of your application. Make sure required supporting documentation (transcript, exam results, verifications, criminal background check, court documents, etc.) have been requested and forwarded to the Virginia Board of Nursing directly from the primary source. The Board of Nursing will not request your required supporting documents for you. It's the applicant's responsibility to ensure required supporting documentation is forwarded to the Board of Nursing directly from the primary source. If any of your supporting documentation is coming in a different name, fax or mail a copy of the legal document that changed your name to:

Department of Health Professions
Virginia Board of Nursing
Attention: Massage Therapy Licensure
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463
(FAX) 804-527-4455

I have a felony conviction or misdemeanor. Will that automatically disqualify me from licensure as a Massage Therapist?

Convictions do not automatically disqualify an applicant. The Board considers each application with convictions on a case-by-case basis. It is not possible to "pre-screen" applicants with such issues. The best thing to do is be honest, provide a detail written explanation of your conviction(s) (detailed explanation should describe the circumstances that caused each conviction, what happened, when it happened, why it happened, and what you have done or are doing to ensure these incidents will not happen again), and provide all relevant documents (i.e. certified court order, letters from court or probation officer, proof all fines and fees have been paid, proof community service has been



Back To
Top

completed if required, proof of completion of any treatment programs, etc.) for consideration. Please refer to Guidance Document 90-59

([http://www04094:8080/terminalfour/SiteManager?](http://www04094:8080/terminalfour/SiteManager?ctfn=download&fnno=60&ceid=f8622380e0e33c9d0856aa251aad388eca38962d)

[ctfn=download&fnno=60&ceid=f8622380e0e33c9d0856aa251aad388eca38962d](http://www04094:8080/terminalfour/SiteManager?ctfn=download&fnno=60&ceid=f8622380e0e33c9d0856aa251aad388eca38962d)),

Impact of Criminal Convictions on Registration of Medication Aides and Licensure of Massage Therapist in Virginia.

I am a graduate of an approved school that no longer exists and cannot locate anyone to verify my graduation, what can I do? —

The law does not empower the Virginia Board of Nursing to act as an agency to verify credentials, only to verify credentials when you apply. Please use every resource available in order to obtain this information. If you have been licensed/certified/registered as a massage therapist in another jurisdiction and used the school information as documentation to apply, it should be available from that State Board.

You can also try obtaining your transcript using the following strategies if your school is currently closed:

- Check with the accrediting state agency that approved the program. School records may have been turned over to them. If you provide some accrediting state agencies with your diploma or certificate of completion from the program, they may be able to write an affidavit attesting to your completion of a course or a program.
- Obtain written verification that the school is closed and when it closed. Your school may not be closed and may be operating under another name. Schools change their names or are purchased by other organizations and may operate under another name. If this is the case, the school may still have the same phone number and may still be operating at the same location.
- If you provided a copy of your transcript to a previous employer or other entities as part of an application process, they may still have a copy in their files. Please contact them for a copy.

The Board of Nursing will not accept copies of transcripts from applicants. All transcripts and verification of education must be mailed directly to the Virginia Board of Nursing directly from the primary source.



Massage Therapy Programs in the Commonwealth of Virginia are regulated by the State Council for Higher Education for Virginia (SCHEV). If you attended a massage program in the Commonwealth of Virginia that is currently closed, please contact SCHEV at (804) 225-2600 or via the web at www.schev.edu (<http://www.schev.edu/>) for more information.

Does the Virginia Board of Nursing maintain a list of approved Virginia schools with massage therapy programs? —

The Virginia Board of Nursing does not maintain a list of approved Virginia massage therapy programs for distribution to the public. Since the Board does not regulate these programs, inquiries regarding approved programs for massage therapy are directed to the State Council for Higher Education for Virginia (SCHEV), which regulates these non-public vocational programs. Please contact SCHEV at (804) 225-2600 or via the web at www.schev.edu (<http://www.schev.edu/>) for more information.

How do I request verification of my Virginia Massage Therapist license be sent to another jurisdiction? —

Licensing and certifying authorities often require a letter of verification of the licenses and certifications you currently hold or have held in the past. These letters of verification are sometimes called "letters of good standing".

If the jurisdiction to which you are applying gave you a form, mail the form or mail a written request that includes: your first & last name, your current address, your Virginia massage therapy license number, and the address to the licensing/certifying body requesting the verification. Along with the form or written request, please mail a check or money order payable to "Treasurer of Virginia" in the amount of thirty-five dollars (\$35.00) to:



Department of Health Professions
Virginia Board of Nursing
Attention: Massage Therapy Licensure
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

Please allow 10-14 working days for processing and mailing.

How often do I have to renew my massage therapist license? _

Biennially (every two years). License holders born in even-numbered years renew their license by the last day of the birth month in even-numbered years. License holders born in odd-numbered years renew their license by the last day of the birth month in odd-numbered years. Please refer to regulation, 18VAC90-50-70 (<https://law.lis.virginia.gov/admincode/title18/agency90/chapter50/section70/>).

What are the continuing competency requirements for renewal of my massage therapist license? _

18VAC90-50-75(A)

(<https://law.lis.virginia.gov/admincode/title18/agency90/chapter50/section75/>) of the Virginia Regulations Governing the Licensure of Massage Therapists requires that in order to renew a license biennially, a licensed massage therapist shall:

1. Hold current certification by the NCBTMB; or
2. Complete at least (24) hours of continuing education or learning activities with at least (1) hour in professional ethics. Hours chosen shall be those that enhance and expand the skills and knowledge related to the clinical practice of massage therapy and may be distributed as follows:



- a. A minimum of 12 of the 24 hours shall be in activities or courses provided by one of the following providers and may include seminars, workshops, home study courses, and continuing education courses:
- (1) NCBTMB;
 - (2) Federation of State Massage Therapy Boards;
 - (3) American Massage Therapy Association;
 - (4) Associated Bodywork and Massage Professionals;
 - (5) Commission on Massage Therapy Accreditation;
 - (6) A nationally or regionally accredited school or program of massage therapy; or
 - (7) A school of massage therapy approved by the State Council of Higher Education for Virginia.
- b. No more than (12) of the (24) hours may be activities or courses that may include consultation, independent reading or research, preparation for a presentation, a course in cardiopulmonary resuscitation, or other such experiences that promote continued learning.

Can all 24 of the hours of the continuing educational hours be completed online? —

The regulations do not specify whether the hours can or cannot be done online. *Please refer to regulation, 18VAC90-50-75*
(<https://law.lis.virginia.gov/admincode/title18/agency90/chapter50/section75/>).

I practiced in the Commonwealth of Virginia as a Licensed Massage Therapist years ago and moved away, now I would like to become licensed again. What do I need to do?

A massage therapist whose license has lapsed may reinstate his/her license within one renewal period (two years) by attesting to completion of the continuing competency requirements for the period and payment of the current renewal fee and the late renewal fee. (see 18VAC90-50-30
(<https://law.lis.virginia.gov/admincode/title18/agency90/chapter50/section30/>) for current fees)



A massage therapist whose license has lapsed for more than one renewal period shall file a reinstatement application, attest to completion of the continuing competency requirements for the period in which the license has been lapsed, not to exceed four years, and pay the current reinstatement fee. (see 18VAC90-50-30 (<https://law.lis.virginia.gov/admincode/title18/agency90/chapter50/section30/>) for current fees)

Please refer to regulations, 18VAC90-50-70
(<https://law.lis.virginia.gov/admincode/title18/agency90/chapter50/section70/>)
and 18VAC90-50-75
(<https://law.lis.virginia.gov/admincode/title18/agency90/chapter50/section75/>)
for Continuing Competency Requirements.

I lost my massage therapist license can I get a duplicate copy?

There is a fee of \$15.00 for replacing a lost or stolen license or requesting a duplicate copy. You can order a duplicate license online (<https://www.dhp.virginia.gov/mylicense/renewalintro.asp>) or mail a written request to:

Department of Health Professions
Virginia Board of Nursing
Attention: Massage Therapy Licensure
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

If mailing a written request, a check or money order should be made payable to: Treasurer of Virginia. Please allow 10-14 working days for processing and mailing.

If I already have my massage therapist license, how do I change my name or address?

A request to change the address of record may be made at any time by accessing your licensure information through the online system (<https://www.dhp.virginia.gov/mylicense/renewalintro.asp>). A request to change your name on your license must be mailed, to the Virginia Board of Nursing. For a name change, you must also provide a copy of the legal document that changed your name (copy of marriage license,



divorce decree, or court order). All request should include your first and last name, your current mailing address and your massage therapist license number.

Department of Health Professions
Virginia Board of Nursing
Attention: Massage Therapy Licensure
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

*****If requesting another license under your new name, please see the previous question for requesting a duplicate.***

Is my address public information? —

The Code requires the Board to collect an official address of record but also to provide an opportunity for a health professional to provide a second address for the purpose of public dissemination. ***If there is no second (public) address provided, the official address of record will be used as the public address for the purpose of public dissemination.*** If the health professional would prefer that his/her address of record remain confidential, then an alternative public address must be provided to the Virginia Board of Nursing. An individual is not required to submit a place of residence for either the official address of record or the public address. ***A post office box or a practice location is acceptable.***

Changes to either address may be made at the time of renewal or at any time by notification to the Virginia Board of Nursing through mail, fax or email. Changes to the address of record may also be made at any time by accessing your licensure information through the online system (<https://www.dhp.virginia.gov/mylicense/renewalintro.asp>). Any change that is made to one of the addresses does not automatically update the other address. Address information should be kept current for the address of record and the public address (if different from the address of record) at all times.

Does Virginia require an address on the massage therapist license? —



18VAC90-50-20(C)

(<https://law.lis.virginia.gov/admincode/title18/agency90/chapter50/section20/>)

in the Virginia Regulations Governing the Licensure of Massage Therapists requires that each licensed massage therapist shall conspicuously post his current Virginia license in a public area at his practice location. The license holder's address is not displayed on the license to practice; however, the Department of Health Professions address is.

Additionally, 18VAC90-50-20(A)

(<https://law.lis.virginia.gov/admincode/title18/agency90/chapter50/section20/>)

of the Virginia Regulations Governing the Licensure of Massage Therapists requires that each applicant or license holder shall maintain a current address of record with the Board. Any change in the address of record or the public address, if different from the address of record, shall be submitted electronically or in writing to the Board within 30 days of such change.

If you have an individual who resides outside the Commonwealth of Virginia, do you ever issue a license – with an out-of-state address?

Yes, it is not a requirement to reside in Virginia to hold a massage therapist license. However, 18VAC90-50-20(A)

(<https://law.lis.virginia.gov/admincode/title18/agency90/chapter50/section20/>)

of the Virginia Regulations Governing the Licensure of Massage Therapists requires that each applicant or license holder shall maintain a current address of record with the Board. Any change in the address of record or the public address, if different from the address of record, shall be submitted electronically or in writing to the Board within 30 days of such change.

Does Virginia offer provisional licensure for massage therapists?

Provisional licensure is available to an eligible candidate who has filed a completed application for licensure in Virginia, including completion of education requirements, may engage in the provisional practice of massage therapy in Virginia while waiting to take the licensing examination for a period not to exceed 90 days upon written



Back To
Top

authorization from the Board. A provisional license may be issued for (1) 90 day period and may not be renewed. The designation of "massage therapist" or "licensed massage therapist" shall not be used by the applicant during the 90 days of provisional licensure. An applicant who fails the licensing examination shall have his provisional licensure withdrawn upon the receipt of the examination results and shall not be eligible for licensure until he passes such examination.

Nurse Practitioner Laws and Regulations +

National Council of State Boards of Nursing (NCSBN) Nurse Licensure Compact (NLC) +

NCLEX +

Continued Competency Licensure Renewal Requirements for RNs and LPNs +

Criminal Background Checks (CBC) +

Compliance with a Nursing Board Order +

Virginia Board of Nursing

Jay P. Douglas, MSM, RN, CSAC, FRE, Executive Director

Louise Hershkowitz, CRNA, MSHA, President



**Federation of State Massage Therapy Boards (FSMTB)
Massage Therapy Licensing Database (MTLD)**

CLOSED SESSION

Advisory Board Action Required:

Review content and make a recommendation to the full Board of Nursing regarding Virginia's participation in FSMTB's MTLD.



Massage Therapy, rr <massagetherapy@dhp.virginia.gov>

May In Touch with FSMTB

1 message

FSMTB <dpersinger@fsmtd.org>
Reply-To: dpersinger@fsmtd.org
To: massagetherapy@dhp.virginia.gov

Thu, Apr 25, 2019 at 12:01 PM



In Touch with FSMTB

May 2019

2019 Member Board Executive Summit



Thank you to everyone who attended the 2019 Member Board Executive Summit.

Executive and administrative staff from 24 jurisdictions gathered in Cleveland to discuss opportunities and challenges within the massage regulatory community.

Discussion topics included regulation in the current political climate, establishment licensing, reducing the burden on state government and the impact of human trafficking. FSMTB appreciates the opportunity to provide a forum where staff from massage regulatory boards and agencies can exchange information and experiences in support of the mission of public protection.

FSMTB 2019 Annual Meeting

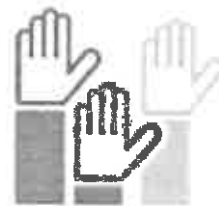
Mark your calendars!



The FSMTB 2019 Annual Meeting will be held on October 3-5, 2019 in Atlanta, Georgia. Who will serve as your voting delegate?

Help with Exam Content

FSMTB is looking for people to write exam questions. Training will be provided. If you are interested in joining our team, please fill out a [volunteer application](#). If you have any questions, please contact volunteer@fsmtb.org.



Visits to Your Board

Representatives from FSMTB are available to visit Member Boards. Does your board have a meeting coming up? Curious about how FSMTB's various programs and services can benefit your board? Contact FSMTB Director of Government Relations Lorena Haynes at lhaynes@fsmtb.org today to schedule a visit.



Call for Resolutions and Bylaws Amendments

FSMTB depends on our member boards and agencies to determine our future direction. Resolutions are reserved for important or complex issues that require advanced notice and greater formality than a standard motion. All resolutions must be in compliance with the FSMTB Policy on Resolutions.

In accordance with the Bylaws and the Policy on Resolutions, any bylaw revisions or resolutions must be submitted to FSMTB no later than July 5, 2019.



For more information, please visit:

[FSMTB Bylaws](#)
[FSMTB Policy on Resolutions](#)
[Resolution Form](#)

Memorial Day



In honor of the Memorial Day holiday, the FSMTB Executive and MBLEx offices will be closed on Monday, May 27.

From the entire FSMTB board and staff, we wish everyone a safe Memorial Day weekend, and we commemorate all those who have died while serving in the military for the United States of America.

STAY CONNECTED



FSMTB | 10801 Mastin Street, Suite 350, Overland Park, KS 66210

[Unsubscribe \[massagetherapy@dhp.virginia.gov\]\(mailto:unsubscribe@massagetherapy@dhp.virginia.gov\)](mailto:unsubscribe@massagetherapy@dhp.virginia.gov)

[Update Profile](#) | [About our service provider](#)

Sent by dpersinger@fsmtd.org in collaboration with

Constant Contact 

Try it free today



CHECKLIST INSTRUCTIONS FOR INITIAL LICENSURE AS A MASSAGE THERAPIST

To avoid delays in the processing of your **APPLICATION FOR INITIAL LICENSURE AS A MASSAGE THERAPIST**, be sure to follow the instructions carefully before submitting your application. It is important to complete all the requirements and send in all the required supporting documents listed below based on the method by which you are applying. ***** If you have ever been licensed or certified in another U.S. jurisdiction with requirements substantially equivalent to those stated in 18VAC90-50-40 of the Regulations Governing the Licensure of Massage Therapists for Virginia, you should be completing an application to apply by endorsement. (Please visit our website at <https://www.dhp.virginia.gov/Boards/Nursing/PractitionerResources/LawsRegulations> for a copy of the Laws Governing Nursing and the Virginia Regulations Governing the Licensure of Massage Therapists).***

✓ REQUIREMENTS are listed below to submit an application for Reinstatement.

- ☐ **APPLICATION:** Applications for Initial Licensure as a Massage Therapy are now exclusively accepted online. To apply, visit the Virginia Board of Nursing website at: <https://www.dhp.virginia.gov/Boards/Nursing/ApplicantResources/ApplyforLicense/MassageTherapist/>. *If you are required to re-apply for Initial Licensure as a Massage Therapist due to a previous application expiring or due to being denied, please contact the Board office for instruction to re-apply.*
- ☐ **APPLICATION FEE: \$140.00** application fee by credit/debit card (online applicants only); or if required to re-apply by mail, a check, cashier's check or money order made payable to Treasurer of Virginia. Your application will not be reviewed or considered until you have submitted payment. *(Application fees are non-refundable)*
- ☐ **COMPLETED CRIMINAL HISTORY BACKGROUND CHECK:** Required pursuant to Virginia Code § 54.1-3005.1: Online applicants will receive an application confirmation receipt which contains a VBON Fieldprint Code required to register for fingerprinting exclusively through Fieldprint. Online applicants will also see their Fieldprint Code at the top of the checklist instructions page online. ** If required to re-apply by mail, you must contact the VBON CBC unit for your Fieldprint Code that is required to register for fingerprinting.* More information about the Criminal Background Check may be found at VBON Criminal Background Check Process.
- ☐ **OFFICIAL TRANSCRIPT:** An official transcript must be mailed directly to the Virginia Board of Nursing office directly from the school or, if the school is closed official keeper of record for the school; to verify you have successfully completed a minimum of 500 hours of training from a massage therapy program, certified or approved by the State Council of Higher Education; or an agency in another state, the District of Columbia or a United States territory that approves educational programs. Official transcript must indicate date of completion. (If the transcript is in a language other than English, a certified translation is required) *(**Transcripts not mailed directly to the Board of Nursing directly from the school, transcripts without valid signatures, transcripts without valid official school embossed seal, transcripts without a date of completion, and copies of transcripts are not acceptable) **Providing false or misleading information as part of the application process is considered falsification of the application and may be grounds for denial.*
- ☐ **EXAMINATION RESULTS:** Massage & Bodywork Licensing Exam Results (MBLEx) – Official exam results must be sent directly to the Virginia Board of Nursing directly from the Federation of State Massage Therapy Boards (FSMTB). *(Please contact the FSMTB at 1 (866) 962-3926 or at mblex@fsmtb.org, so this request can be processed to avoid any delays.)*
- ☐ **SUPPORTING DOCUMENTS** (if applicable)
 - ☐ **Detailed explanation of conviction(s)** *(detailed explanation should describe the circumstances that caused each conviction; what happened, when it happened, why it happened, and what you have done or are doing to ensure these incidents will not happen again)* To avoid delays this information should be included on the application.
 - ☐ **Certified Court Order(s)**- To avoid delays, contact the court(s) and request a certified copy of the conviction record(s) from the appropriate court clerk's office (either the arrest warrant with the back filled out by the judge (misdemeanor) or the final Sentencing Order if it were a felony for conviction. *If the Sentencing Agreement makes mention of a pre-hearing or probationary report, that report must also be included.* Certified documents must be mailed to the Virginia Board of Nursing, Attention Massage Therapy.

If court records are no longer available, contact the court(s) and request a certified statement that your records are no longer available. Certified statement must be mailed to the Virginia Board of Nursing, Attention Massage Therapy.

☐ **Proof all court ordered requirements have been met** (for example: payment of fines/fees/restitutions/status of an approved payment plan, completion of community service, completion of any treatment programs, status of probation)

☐ **Name Change Document** – To avoid delays, if any of your documentation (i.e., transcript, verification, court documents) is in a different name from the name provided on your application, please mail a copy of the legal document that changed your name to the Virginia Board of Nursing, Attention Massage Therapy. (Acceptable forms are marriage certificate, divorce decree or court order)

☐ **PROVISIONAL LICENSURE:** Provisional licensure is available to an eligible candidate waiting to take the licensing examination, upon written authorization from the Board who has:

1. Filed a completed application for licensure in Virginia, including completion of education requirements.
2. A provisional license may be issued for one (1) 90-day period and may not be renewed.
3. The designation of “massage therapist” or “licensed massage therapist” shall not be used by the applicant during the 90 days of provisional licensure.
4. An applicant who fails the licensing examination shall have his provisional licensure withdrawn upon the receipt of the examination results and shall not be eligible for licensure until he passes such examination.

☐ **ADDITIONAL INFORMATION**

- ❖ Applications are processed in the order received and may take 30-45 working days to review/complete from the initial application date. Please allow time for a thorough review of all your application documentation before contacting the Board, as it may slow down the review process of your application as well as others.
- ❖ Laws Governing Nursing and the Virginia Regulations Governing the Licensure of Massage Therapists may be obtained at: <https://www.dhp.virginia.gov/Boards/Nursing/ApplicantResources/ApplyforLicense/MassageTherapist/>.
- ❖ Documents submitted to the Virginia Board of Nursing are property of the Board and cannot be returned.
- ❖ An incomplete application for licensure will be retained on file only as required for audit. If not completed within one year, a new application may be necessary.
- ❖ Providing false or misleading information as well as omitting information in response to information requested in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license.
- ❖ **FOR APPLICANTS EDUCATED IN OTHER COUNTRIES:** If your massage therapy education was received in another country and you are not licensed/certified/registered in another state/jurisdiction in the U.S.A., contact this office before filing this application.
- ❖ Supporting documentation should be mailed to:

Virginia Board of Nursing
Attn: Massage Therapy Licensure
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233

PLEASE NOTIFY THIS OFFICE WITHIN THIRTY DAYS OF A NAME CHANGE OR ADDRESS CHANGE.

End of instructions



FOR OFFICE USE ONLY (Finance Division)			
Fee Paid \$	Applicant ID #		Receipt #
FOR OFFICE USE ONLY (BON Staff)			
Transcript Received	Exam Results Received	Provisional Number	Date CBC Completed
Acknowledgement Sent	License Number 0019-	Date Issued	Approved By

APPLICATION FOR INITIAL LICENSURE AS A MASSAGE THERAPIST

I hereby make application for initial licensure as a **Massage Therapist** in the Commonwealth of Virginia. The following evidence of my qualification is submitted with a check or money order in the amount of \$140.00 made payable to the *Treasurer of Virginia*. The application fee is non-refundable.

Disclosure of Addresses

Pursuant to Virginia Code § 54.1-2400.02 addresses of licensees are made available to the public. Normally, the Address of Record is the publicly disclosed address. If you do not want your Address of Record to be made public, you may provide a second, publicly disclosable address (e.g. work, practice address or Post Office Box). If you would like your Address of Record to be publically available please complete both sections with same address.

Disclosure of Social Security or DMV Control Numbers

Pursuant to Virginia Code § 54.1-116 (A), you are required to submit your social security number or your control number issued by the Virginia Department of Motor Vehicles*. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities. Under Virginia Code § 54.1-116 (B), foreign nationals who are otherwise qualified as an applicant for a license, certificate or registration may be issued a temporary license or authorization to practice, effective for not longer than 90 days.

Please provide the information requested below and on all the pages to follow. Use full name and not initials. (Print or Type)			
1. APPLICANT PERSONAL INFORMATION			
Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Address of Record (Mailing Address):	City:	State:	Zip Code:
Publicly Disclosable Address:	City:	State:	Zip Code:
Date of Birth: (MM/DD/YYYY) ____/____/____		Social Security Number or Virginia DMV Control Number*:	
Email Address:		Telephone Number: () -	
Virginia Massage License Number: 0019-	Full Name at the Time of Initial Licensure:		Date First License Issued:
Print your name as you wish it to appear on your license:			

2. EDUCATION

Name of Massage Therapy Program:

Address of Massage Therapy Program:

City:

State:

Zip Code:

Date Program Completed: (MM/DD/YY)

Length of Program in
Hours:

Degree Type: (*Check which applies*)

☐ Certificate

☐ Diploma

☐ Associate

☐ Other

Massage Therapy Program accredited/approved by: (*Name of State Agency*)

3. EXAMINATION INFORMATION

Title of Examination Taken: (*Check which applies*)

☐ Massage & Bodywork Licensing Examination (MBLEx)

_____/_____/_____
Date Examination Passed

☐ National Certification Exam for Therapeutic Massage (NCETM)
Would have tested prior to February 1, 2015 for this to be an applicable option

_____/_____/_____
Date Examination Passed

☐ National Certification Exam for Therapeutic Massage & Bodywork (NCETMB)
Would have tested prior to February 1, 2015 for this to be an applicable option

_____/_____/_____
Date Examination Passed

☐ OTHER _____
Title of Other Exam Taken

_____/_____/_____
Date Examination Passed

Name of Organization that Administered the Exam: (*Check which applies*)

☐ Federation of State Massage Therapy Boards (FSMTB)

☐ National Certification Board for Therapeutic Massage & Bodywork (NCBTMB)

☐ OTHER _____
Name of Other Organization

4. LICENSURE QUESTIONS

A. Have you ***ever applied*** for a license/certificate/registration as a health care provider in Virginia? YES ☐ NO ☐ If ***yes***, what type of license/certificate/registration?

Type:	Year:
Type:	Year:
Type:	Year:

B. Have you ***ever applied*** for a license/certificate/registration as a health care provider in another state/jurisdiction? YES ☐ NO ☐ If ***yes***, what type of license/certificate/registration and in what state/jurisdiction?

Type:	State:	Year:
Type:	State:	Year:
Type:	State:	Year:

C. Have you ***ever been licensed/certified/registered*** in another state/jurisdiction as a Massage Therapist? YES ☐ NO ☐ If ***yes***, what other states/jurisdiction have you been licensed/certified/registered:

State:	Year Licensed:	License #:
State:	Year Licensed:	License #:
State:	Year Licensed:	License #:

- D. Have you ever been denied a license/certification/registration in a health related field or jurisdiction? YES ☐ NO ☐
- E. Has any license/registration/certificate issued to you been voluntarily surrendered? YES ☐ NO ☐
- F. Have you ever had any of the following disciplinary actions taken against your license/registration/certificate by any licensing/certifying authority in any jurisdiction: placed on probation, suspended, revoked or reprimanded or otherwise disciplined? YES ☐ NO ☐
- G. Has your practice ever been the subject of an investigation by any licensing/certifying authority? YES ☐ NO ☐

If you answered YES to any of the above questions in Section 4, please explain in detail under the Explanation section and, if applicable, have certified copies of any applicable orders sent directly to the Virginia Board of Nursing office.

5. CRIMINAL BACKGROUND CHECK

Have you ever been convicted, pled guilty to or pled Nolo Contendere to the violation of any federal, state or other statute or ordinance constituting a felony or misdemeanor? *(Including convictions for driving under the influence, but excluding traffic violations)* YES ☐ NO ☐ If yes, please explain in detail under the Explanation section and have a certified copy of the court order(s) mailed directly to the Virginia Board of Nursing office.

By entering your initials, you certify that you understand that a Criminal background Check (CBC) is required by law for all initial, endorsement and reinstatement Massage Therapy applicants. The CBC requirements and process details are available at <https://www.dhp.virginia.gov/Boards/Nursing/ApplicantResources/CriminalBackgroundChecks/>.

____ (Initials)

Please list all previous names used (enter N/A if not applicable): _____

6. ADDITIONAL LICENSURE QUESTIONS

- A. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? YES ☐ NO ☐ If YES, detail under Explanation section.
- B. Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? YES ☐ NO ☐ If YES, detail under Explanation section.
- C. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a massage therapist. YES ☐ NO ☐ If YES, detail under Explanation section.
- D. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a massage therapist. YES ☐ NO ☐ If YES, detail under Explanation section.
- E. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Licensed Massage Therapist? YES ☐ NO ☐ If YES, detail under Explanation section.
- F. Within the past five years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? YES ☐ NO ☐ If YES, detail under Explanation section.

NOTE: If you answered YES to any of the above questions in Section 6, the Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board. Have certified copies of any applicable orders mailed directly to the Virginia Board of Nursing office.

7. MILITARY SPOUSE

- A. Did you relocate with a spouse who is the subject of a military transfer to the Commonwealth of Virginia? YES ☐ NO ☐
- B. Are you active-duty military? YES ☐ NO ☐

PLEASE BE SURE THAT YOU HAVE ANSWERED EACH OF THE ABOVE QUESTIONS.

8. EXPLANATION

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Attach additional pages if necessary.

11. CERTIFICATION

I certify by entering my signature below, I am the person applying for licensure and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me and that statements made on the application are true and complete. I understand that providing false or misleading information as well as omitting information in response to information requested in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license.

Signature:

Date:



CHECKLIST INSTRUCTIONS

FOR LICENSURE BY ENDORSEMENT AS A MASSAGE THERAPIST

To avoid delays in the processing of your **APPLICATION FOR LICENSURE BY ENDORSEMENT AS A MASSAGE THERAPIST**, be sure to follow the instructions carefully before submitting your application. It is important to complete all the requirements and send in all the required supporting documents listed below based on the method by which you are applying. **** If you have ever been licensed or certified in another U.S. jurisdiction with requirements substantially equivalent to those stated in 18VAC90-50-40 of the Regulations Governing the Licensure of Massage Therapists for Virginia, you should be completing an application to apply by endorsement. (Please visit our website at: <https://www.dhp.virginia.gov/Boards/Nursing/PractitionerResources/LawsRegulations/> for a copy of the Laws Governing Nursing and the Virginia Regulations Governing the Licensure of Massage Therapists).**

✓ **REQUIREMENTS** are listed below to submit an application for Endorsement:

- ☐ **APPLICATION:** Applications for Initial Licensure as a Massage Therapist are now exclusively accepted online. To apply, visit the Virginia Board of Nursing website at: <https://www.dhp.virginia.gov/Boards/Nursing/ApplicantResources/ApplyforLicense/MassageTherapist/>. If you are required to **re-apply** for Initial Licensure as a Massage Therapist due to a previous application expiring or due to being denied, please contact the Board office for instruction to re-apply.
- ☐ **APPLICATION FEE:** \$140.00 application fee by credit/debit card (online applicants only); or if required to re-apply by mail, a check, cashier's check or money order made payable to Treasurer of Virginia. Your application will not be reviewed or considered until you have submitted payment. *(Application fees are non-refundable)*
- ☐ **COMPLETED CRIMINAL HISTORY BACKGROUND CHECK:** Required pursuant to Virginia Code § 54.1-3005.1: Online applicants will receive an application confirmation receipt which contains a VBON **Fieldprint Code** required to register for fingerprinting exclusively through **Fieldprint**. Online applicants will also see their **Fieldprint Code** at the top of the checklist instructions page online. ** If required to re-apply by mail, you must contact the VBON CBC unit for your Fieldprint Code that is required to register for fingerprinting.* More information regarding the Criminal Background Check may be found at **VBON CBC Info**.
- ☐ **OFFICIAL TRANSCRIPT:** An official transcript must be **mailed** directly to the Virginia Board of Nursing office **directly from the school** or, if the school is closed **official registrar for the school**; to verify you have successfully completed a minimum of 500 hours of training from a massage therapy program, certified or approved by the State Council of Higher Education; or an agency in another state, the District of Columbia or a United States territory that approves educational programs. Official transcript must indicate date of completion. (If the transcript is in a language other than English, a certified translation is required) *(**Transcripts not mailed directly to the Board of Nursing directly from the school, transcripts without valid signatures, transcripts without valid official school embossed seal, transcripts without a date of completion, and copies of transcripts are not acceptable) **Providing false or misleading information as part of the application process is considered falsification of the application and may be grounds for denial.*
- ☐ **EXAMINATION RESULTS:**
 - ☐ **Massage & Bodywork Licensing Exam Results (MBLEx)** – Official exam results must be sent directly to the Virginia Board of Nursing **directly from the Federation of State Massage Therapy Boards (FSMTB)**. *(Please contact the FSMTB at 1 (866) 962-3926 or at mblex@fsmtb.org, so this request can be processed to avoid any delays.)*
 - OR-**
 - ☐ **National Certification Exam Results (NCETM or NCETMB)** – Official exam results must be sent directly to the Virginia Board of Nursing **directly from the National Certification board for Therapeutic Massage & Bodywork (NCBTMB)**. *(Please contact the NCBTMB at 1(800) 296-0664 or at info@ncbtmb.org, so this request can be processed to avoid any delays.)*
- ☐ **VERIFICATION:** Official verification of licensure/certification/registration is required from **each** state/jurisdiction in which you have **ever** been licensed/certified/registered in as a Massage Therapist. ****See the following form: https://www.license.dhp.virginia.gov/apply/Forms/Nursing/LMT_Verification_form.pdf. Complete only the top portion of the licensure verification form and sent it to each licensing authority where you were licensed/certified/registered as a Massage Therapist.** You are responsible for any fee the licensing authority may require to complete the form. Delays may be avoided by inquiring about these fees in advance. Your licensing authority will send the form to this office. Verification forms received in this office prior to receipt of your application will be retained on file for no longer than 90 days. If your application is not received within this time, you must request another form to be completed and sent to this office.

☐ **SUPPORTING DOCUMENTS** (if applicable)

- ☐ **Detailed explanation of conviction(s)** (*detailed explanation should describe the circumstances that caused each conviction; what happened, when it happened, why it happened, and what you have done or are doing to ensure these incidents will not happen again*) To avoid delays this information should be included on the application.
- ☐ **Certified Court Order(s)**- To avoid delays, contact the court(s) and request a certified copy of the conviction record(s) from the appropriate court clerk's office (either the arrest warrant with the back filled out by the judge (misdemeanor) or the final Sentencing Order if it were a felony for conviction. *If the Sentencing Agreement makes mention of a pre-hearing or probationary report, that report must also be included.* Certified documents must be mailed to the Virginia Board of Nursing, Attention Massage Therapy.

If court records are no longer available, contact the court(s) and request a certified statement that your records are no longer available. Certified statement must be mailed to the Virginia Board of Nursing, Attention Massage Therapy.
- ☐ **Proof all court ordered requirements have been met** (*for example: payment of fines/fees/restitutions/status of an approved payment plan, completion of community service, completion of any treatment programs, status of probation*)
- ☐ **Name Change Document** – To avoid delays, if any of your documentation (*i.e.*, transcript, verification, court documents) is in a different name from the name provided on your application, please mail a copy of the legal document that changed your name to the Virginia Board of Nursing, Attention Massage Therapy. (*Acceptable forms are marriage certificate, divorce decree or court order*)

☐ **ADDITIONAL INFORMATION**

- ❖ Applications are processed in the order received and may take 30-45 working days to review/complete from the initial application date. Please allow time for a thorough review of all your application documentation before contacting the Board, as it may slow down the review process of your application as well as others.
- ❖ Periodically log into your DHP license application portal: <https://www.license.dhp.virginia.gov/apply/Login.aspx> to monitor progress of your application and remember “unchecked” items may have been received but are pending review.
- ❖ Check your license status by going to: License Lookup (*license information is posted in *real time*).
- ❖ Laws Governing Nursing and the Virginia Regulations Governing the Licensure of Massage Therapists may be obtained at: <https://www.dhp.virginia.gov/Boards/Nursing/PractitionerResources/LawsRegulations/>.
- ❖ Documents submitted to the Virginia Board of Nursing are property of the Board and cannot be returned.
- ❖ An incomplete application for licensure will be retained on file only as required for audit. If not completed within one year, a new application may be necessary.
- ❖ Providing false or misleading information as well as omitting information in response to information requested in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license.
- ❖ FOR APPLICANTS EDUCATED IN OTHER COUNTRIES: If your massage therapy education was received in another country and you are not licensed/certified/registered in another state/jurisdiction in the U.S.A., contact this office before filing this application.
- ❖ Supporting documentation should be mailed to:

Virginia Board of Nursing
Attn: Massage Therapy Licensure
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233

PLEASE NOTIFY THIS OFFICE WITHIN THIRTY DAYS OF A NAME CHANGE OR ADDRESS CHANGE.

End of instructions



FOR OFFICE USE ONLY (Finance Division)			
Fee Paid <input type="checkbox"/> \$140.00	Applicant ID #		Receipt #
FOR OFFICE USE ONLY (BON Staff)			
Transcript Received	Exam Results Received	Provisional Number	Date CBC Completed
Acknowledgement Sent	License Number 0019-	Date Issued	Approved By

APPLICATION FOR LICENSURE BY ENDORSEMENT AS A MASSAGE THERAPIST

I hereby make application for initial licensure as a **Massage Therapist** in the Commonwealth of Virginia. The following evidence of my qualification is submitted with a **check or money order** in the amount of **\$140.00** made payable to the *Treasurer of Virginia*. The application fee is non-refundable.

Disclosure of Addresses

Pursuant to Virginia Code § 54.1-2400.02 addresses of licensees are made available to the public. Normally, the Address of Record is the publicly disclosed address. If you do not want your Address of Record to be made public, you may provide a second, publicly disclosable address (e.g. work, practice address or Post Office Box). If you would like your Address of Record to be publically available please complete both sections with same address.

Disclosure of Social Security or DMV Control Numbers

Pursuant to Virginia Code § 54.1-116 (A), you are required to submit your social security number or your control number issued by the Virginia Department of Motor Vehicles*. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities. Under Virginia Code § 54.1-116 (B), foreign nationals who are otherwise qualified as an applicant for a license, certificate or registration may be issued a temporary license or authorization to practice, effective for not longer than 90 days.

Please provide the information requested below and on all the pages to follow. Use full name and not initials. (Print or Type)			
1. APPLICANT PERSONAL INFORMATION			
Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Address of Record (Mailing Address):	City:	State:	Zip Code:
Publicly Disclosable Address:	City:	State:	Zip Code:
Date of Birth: (MM/DD/YYYY) ____/____/____		Social Security Number or Virginia DMV Control Number*:	
Email Address:		Telephone Number: () -	
Virginia Massage License Number: 0019-	Full Name at the Time of Initial Licensure:		Date First License Issued:
Print your name as you wish it to appear on your license:			

2. EDUCATION INFORMATION

Name of Massage Therapy Program:

Address of Massage Therapy Program:

City: State: Zip Code:

Date Program Completed: (MM/DD/YY)

Length of Program in
Hours:

Degree Type: (*Check which applies*)

☐ Certificate ☐ Diploma
☐ Associate ☐ Other

Massage Therapy Program accredited/approved by: (*Name of State Agency*)

3. EXAMINATION INFORMATION

Title of Examination Taken: (*Check which applies*)

☐ Massage & Bodywork Licensing Examination (MBLEx)

Date Examination Passed: ____/____/____

☐ National Certification Exam for Therapeutic Massage (NCETM)
Would have tested prior to February 1, 2015 for this to be an applicable option

Date Examination Passed: ____/____/____

☐ National Certification Exam for Therapeutic Massage & Bodywork (NCETMB)
Would have tested prior to February 1, 2015 for this to be an applicable option

Date Examination Passed: ____/____/____

☐ OTHER _____
Title of Other Exam Taken

Date Examination Passed: ____/____/____

Name of Organization that Administered the Exam: (*Check which applies*)

☐ Federation of State Massage Therapy Boards (FSMTB)

☐ National Certification Board for Therapeutic Massage & Bodywork (NCBTMB)

☐ OTHER _____
Name of Other Organization

4. LICENSURE HISTORY

A. Have you ***ever applied*** for a license/certificate/registration as a health care provider in Virginia? YES ☐ NO ☐ If yes, what type of license/certificate/registration?

Type:	Year:
Type:	Year:
Type:	Year:

B. Have you ***ever applied*** for a license/certificate/registration as a health care provider in another state/jurisdiction? YES ☐ NO ☐ If yes, what type of license/certificate/registration and in what state/jurisdiction?

Type:	State:	Year:
Type:	State:	Year:
Type:	State:	Year:

C. Have you ***ever been licensed/certified/registered*** in another state/jurisdiction as a Massage Therapist? YES ☐ NO ☐ If yes, what other states/jurisdiction have you been licensed/certified/registered?

State:	Year Licensed:	License #:
State:	Year Licensed:	License #:
State:	Year Licensed:	License #:

- D. Have you ever been denied a license/certification/registration in a health related field or jurisdiction? YES ☐ NO ☐
- E. Has any license/registration/certificate issued to you been voluntarily surrendered? YES ☐ NO ☐
- F. Have you ever had any of the following disciplinary actions taken against your license/registration/certificate by any licensing/certifying authority in any jurisdiction: placed on probation, suspended, revoked or reprimanded or otherwise disciplined? YES ☐ NO ☐
- G. Has your practice ever been the subject of an investigation by any licensing/certifying authority? YES ☐ NO ☐

If you answered YES to questions D. – G. in Section 4, please explain in detail under the Explanation section and, if applicable, have certified copies of any applicable orders sent directly to the Virginia Board of Nursing office.

5. CRIMINAL BACKGROUND CHECK

Have you ever been convicted, pled guilty to or pled Nolo Contendere to the violation of any federal, state or other statute or ordinance constituting a felony or misdemeanor? *(Including convictions for driving under the influence, but excluding traffic violations)*
YES ☐ NO ☐ If yes, please explain in detail under the Explanation section and have a certified copy of the court order(s) mailed directly to the Virginia Board of Nursing office.

By entering your initials, you certify that you understand that a Criminal background Check (CBC) is required by law for all initial, endorsement and reinstatement Massage Therapy applicants. The CBC requirements and process details are available at: <https://www.dhp.virginia.gov/Boards/Nursing/ApplicantResources/CriminalBackgroundChecks/>. _____ (Initials)

Please list all previous names used (enter N/A if not applicable): _____

6. ADDITIONAL LICENSURE QUESTIONS

- A. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? YES ☐ NO ☐ If YES, detail under Explanation section.
- B. Within the past five years, have you been disciplined by any entity? YES ☐ NO ☐ If YES, detail under Explanation section.
- C. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Licensed Massage Therapist. YES ☐ NO ☐ If YES, detail under Explanation section.
- D. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Licensed Massage Therapist. YES ☐ NO ☐ If YES, detail under Explanation section.
- E. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Licensed Massage Therapist? YES ☐ NO ☐ If YES, detail under Explanation section.
- F. Within the past five years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? YES ☐ NO ☐ If YES, detail under Explanation section.

NOTE: If you answered YES to any of the above questions in Section 6, the Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board. Have certified copies of any applicable orders mailed directly to the Virginia Board of Nursing office.

7. MILITARY SPOUSE

- A. Did you relocate with a spouse who is the subject of a military transfer to the Commonwealth of Virginia? YES ☐ NO ☐
- B. Are you active-duty military? YES ☐ NO ☐

PLEASE BE SURE THAT YOU HAVE ANSWERED EACH OF THE ABOVE QUESTIONS.

8. EXPLANATION

Attach additional pages if necessary.

11. CERTIFICATION

I certify by entering my signature below, I am the person applying for licensure and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me and that statements made on the application are true and complete. I understand that providing false or misleading information as well as omitting information in response to information requested in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license.

Signature:

Date:



MASSAGE THERAPIST APPLICANT VERIFICATION FORM

TO THE APPLICANT: Complete the top portion only and send to the licensing authority in **EACH** state where you were licensed/certified/registered as a massage therapist (fee may be required).

APPLICANT INFORMATION

Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Mailing Address:	City:	State:	Zip Code:
Date of Birth: (MM/DD/YY)	Social Security Number or Virginia DMV Control Number*:		
Message License/Certification/Registration Number:	Year Issued:		
Name on Original Massage License/Certification/Registration:			

TO THE LICENSING AUTHORITY: Please provide verification of applicants education, examination and licensure information requested below and mail or email completed form directly to the Virginia Board of Nursing office.

APPLICANT'S EDUCATION INFORMATION

Name of Massage Therapy School:

Address of Massage Therapy School:

City:	State:	Zip Code:
Was school approved/accredited at time applicant graduated? YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Program Completed:	Was program 500hrs or more: YES <input type="checkbox"/> NO <input type="checkbox"/>

APPLICANT'S EXAMINATION INFORMATION

<input type="checkbox"/> NCETMB _____ Date Examination Passed	<input type="checkbox"/> NCETM _____ Date Examination Passed	<input type="checkbox"/> MBLEX _____ Date Examination Passed
<input type="checkbox"/> OTHER _____ Date Examination Passed		

Name of Organization that Administered Exam: ☐ NCBTMB ☐ FSMTB ☐ OTHER _____

APPLICANT'S LICENSURE INFORMATION

License Number _____ was granted on ____/____/____ expires ____/____/____

Obtained By: ☐ examination ☐ endorsement ☐ waiver ☐ other _____

Status of license: ☐ Current ☐ Lapsed ☐ Inactive ☐ other _____

Has license ever been denied, suspended, revoked, placed on probation or otherwise disciplined? YES ☐ NO ☐
If yes, please attach certified copy of order issued by the certifying/licensing body

I certify the above information to be true in every respect, according to the record on file with the _____
(Licensing/Certifying Authority).

Date

SEAL

Executive Director



CHECKLIST INSTRUCTIONS FOR REINSTATEMENT AS A MASSAGE THERAPIST

Pursuant to 18 VAC 90-50-80 of the Virginia Regulations Governing the Licensure of Massage Therapist, a massage therapist whose license has lapsed for more than one renewal period shall file a reinstatement application. However, if your license is not active because of a suspension or revocation, you must file an Application for Reinstatement Following Suspension or Revocation.

To avoid delays in the processing of your **APPLICATION FOR REINSTATEMENT AS A MASSAGE THERAPIST** be sure to follow the instructions carefully before submitting your application. It is important to complete all the requirements and send in all of the required supporting documents listed below based on the method by which you are applying. *(Please visit our website at <https://www.dhp.virginia.gov/Boards/Nursing/PractitionerResources/LawsRegulations/> for a copy of the Laws Governing Nursing and the Virginia Regulations Governing the Licensure of Massage Therapists.)*

✓ REQUIREMENTS are listed below to submit an application for Reinstatement.

- ☐ **APPLICATION:** Applications for Reinstatement as a Massage Therapist must be downloaded from the Board of Nursing website at https://www.dhp.virginia.gov/media/dhpweb/docs/nursing/forms/MT_ReinstatementApp.pdf, completed, and mailed to the Board office.
 - ☐ **APPLICATION FEE:** \$150.00 application fee by check, cashier's check or money order made payable to **Treasurer of Virginia** must be mailed with your application. Your application will not be reviewed or considered until you have submitted payment. (Pursuant to 18VAC90-50-30(A), application fees are non-refundable)
 - ☐ **COMPLETED CRIMINAL HISTORY BACKGROUND CHECK:** Required pursuant to Virginia Code § 54.1-3005.1: Within 7-10 business days after confirmed payment receipt for your filed application, you will receive a **Fieldprint Code**. This code is required to register for fingerprinting, which must be done exclusively through Fieldprint. You must have a **confirmed application** filed with Virginia Board of Nursing prior to registering for fingerprinting. If you do not receive your **Fieldprint Code** within 7-10 business days, you must contact the VBON CBC unit. More information regarding the Criminal Background Check may be found at VBON CBC Info.
 - ☐ **CONTINUING COMPETENCY REQUIREMENTS:** Provide evidence with your application that you have completed the continuing competency requirements pursuant to 18 VAC 90-50-75 of the Virginia Regulations Governing the Licensure of Massage Therapist during the period in which the license has been lapsed.
 - ☐ **SUPPORTING DOCUMENTS** (if applicable)
 - ☐ **Detailed explanation of conviction(s)** (*detailed explanation should describe the circumstances that caused each conviction; what happened, when it happened, why it happened, and what you have done or are doing to ensure these incidents will not happen again*) To avoid delays this information should be included on the application.
 - ☐ **Certified Court Order(s)**- To avoid delays, contact the court(s) and request a certified copy of the conviction record(s) from the appropriate court clerk's office (either the arrest warrant with the back filled out by the judge (misdemeanor) or the final Sentencing Order if it were a felony for conviction. *If the Sentencing Agreement makes mention of a pre-hearing or probationary report, that report must also be included.* Certified documents must be mailed to the Virginia Board of Nursing, Attention Massage Therapy.
- If court records are no longer available, contact the court(s) and request a certified statement that your records are no longer available. Certified statement must be mailed to the Virginia Board of Nursing, Attention Massage Therapy.
- ☐ **Proof all court ordered requirements have been met** (*for example: payment of fines/fees/restitutions/status of an approved payment plan, completion of community service, completion of any treatment programs, status of probation*)
 - ☐ **Name Change Document** – To avoid delays, if proof of name change to current name has not been filed with this office, please submit with your application a copy of your marriage certificate, divorce decree or court order authorizing the change, with the Board of Nursing Name Change Form.



ADDITIONAL INFORMATION

- ❖ The Board may request additional evidence that you are prepared to resume practice in a competent manner.
- ❖ Applications are processed in the order received and may take 30-45 business days to review/complete from the initial application date. Please allow time for a thorough review of all your application documentation before contacting the Board, as it may slow down the review process of your application as well as others.
- ❖ Laws Governing Nursing and the Virginia Regulations Governing the Licensure of Massage Therapist may be obtained at: <https://www.dhp.virginia.gov/Boards/Nursing/PractitionerResources/LawsRegulations/>.
- ❖ Documents submitted to the Virginia Board of Nursing are property of the Board and cannot be returned.
- ❖ An incomplete application for licensure will be retained on file only as required for audit. If not completed within one year, a new application may be necessary.
- ❖ Providing false or misleading information as well as omitting information in response to information requested in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license.
- ❖ Supporting documentation should be **mailed** to:

Virginia Board of Nursing
Attn: Massage Therapy Licensure
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233

PLEASE NOTIFY THIS OFFICE WITHIN THIRTY DAYS OF A NAME CHANGE OR ADDRESS CHANGE.

End of instructions



FOR OFFICE USE ONLY (Finance Division)			
Fee Paid <input type="checkbox"/> \$150	Applicant ID #		Receipt #
FOR OFFICE USE ONLY (BON Staff)			
Mandatory Suspension YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Suspended or Revoked	Cont. Comp. Req. Rcvd	Date CBC Completed
Acknowledgement Sent	Date to ENF	Date Reinstated	Reinstatement Approved By

APPLICATION FOR REINSTATEMENT AS A MASSAGE THERAPIST

I hereby make application to reinstate my license as a **Massage Therapist** in the Commonwealth of Virginia. The following information in support of my application is submitted with a check or money order in the amount of \$150.00 made payable to the *Treasurer of Virginia*. The application fee is non-refundable.

Disclosure of Addresses

Pursuant to Virginia Code § 54.1-2400.02 addresses of licensees are made available to the public. Normally, the Address of Record is the publicly disclosed address. If you do not want your Address of Record to be made public, you may provide a second, publicly disclosable address (e.g. work, practice address or Post Office Box). If you would like your Address of Record to be publically available please complete both sections with same address.

Disclosure of Social Security or DMV Control Numbers

Pursuant to Virginia Code § 54.1-116 (A), you are required to submit your social security number or your control number issued by the Virginia Department of Motor Vehicles*. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities. Under Virginia Code § 54.1-116 (B), foreign nationals who are otherwise qualified as an applicant for a license, certificate or registration may be issued a temporary license or authorization to practice, effective for not longer than 90 days.

Please provide the information requested below and on all the pages to follow. Use full name and not initials. (Print or Type)			
1. APPLICANT PERSONAL INFORMATION			
Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Address of Record (Mailing Address):	City:	State:	Zip Code:
Publicly Disclosable Address:	City:	State:	Zip Code:
Date of Birth: (MM/DD/YYYY) ____/____/____	Social Security Number or Virginia DMV Control Number*:		
Email Address:	Telephone Number: () -		
Virginia Massage License Number: 0019-	Full Name at the Time of Initial Licensure:	Date First License Issued:	
If proof of name change to current name has not been filed with this office, please submit a copy of your marriage certificate, divorce decree or court order authorizing the change with your application.			

2. LICENSURE HISTORY QUESTIONS

- A. This question applies to any license/certificate/registration as a massage therapist, registered nurse, licensed practical nurse, nurse aide, medication aide or other license/certificate/registration as a health care provider that may have been issued to you. (Except the one which is currently suspended or revoked.) Please answer YES or NO to EACH of the following:
- Have you ever had disciplinary action taken against any license/certificate/registration to practice in any state/jurisdiction? YES ☐ NO ☐
 - Have you ever voluntarily surrendered any license/certificate/registration issued to you to avoid disciplinary action? (Does not include allowing your license to expire or placing the license in inactive status.) YES ☐ NO ☐
 - Have you ever had any of the following disciplinary actions taken against your license/certificate/registration by any licensing authority in any state/jurisdiction: placed on probation, suspended, revoked or otherwise disciplined? YES ☐ NO ☐
 - Have you ever applied for and been denied a license/certificate/registration in a health related field in any state/jurisdiction? YES ☐ NO ☐
 - Have you ever been the subject of an investigation by any licensing authority? YES ☐ NO ☐
- B. Within the past five (5) years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? YES ☐ NO ☐
- If YES, detail under Explanation section.
 - Within the past five (5) years, have you sought or been directed to seek treatment for your conduct or behavior? YES ☐ NO ☐
- C. Within the past five (5) years, have you been disciplined by any entity? YES ☐ NO ☐
- If YES, detail under Explanation section and provide any associated orders or letter from entity.
 - Within the past five (5) years, have you sought or been directed to seek treatment for your conduct or behavior? YES ☐ NO ☐
- D. Within the past five (5) years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? YES ☐ NO ☐
- If YES, detail under Explanation section. *(Note: The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may consider providing this documentation with your application or have the program send this documentation directly to the Board.)*

If you answered YES to any of the above questions, please explain in detail under the Explanation section and, if applicable, have certified copies of any applicable orders sent directly to the Virginia Board of Nursing office.

3. CURRENT LICENSURE HISTORY

- a. Have you ever been licensed /certified/ registered in another state/jurisdiction as a Massage Therapist? YES ☐ NO ☐ If YES, what other states/jurisdictions have you been licensed/certified/registered:

State:	Year Licensed:	Expiration Date:	License #:
State:	Year Licensed:	Expiration Date:	License #:
State:	Year Licensed:	Expiration Date:	License #:
State:	Year Licensed:	Expiration Date:	License #:
State:	Year Licensed:	Expiration Date:	License #:

4. CONTINUING COMPETENCY REQUIREMENTS

Have you completed the continuing competency requirements for the period in which your Virginia Massage Therapist license has been suspended or revoked, pursuant to 18 VAC 90-50-75 and 18 VAC 90-50-80 of the Virginia Regulations Governing the Licensure of Massage Therapist? YES ☐ NO ☐ (Please submit copies of all related documents with your application.)

5. CONVICTION QUESTION

Have you ever been convicted, pled guilty to or pled Nolo Contendere to the violation of any federal, state or other statute or ordinance constituting a felony or misdemeanor? *(Including convictions for driving under the influence, but excluding traffic violations)* YES ☐ NO ☐ If yes, please explain in detail under the explanation section and have a certified copy of the court order(s) mailed directly to the Virginia Board of Nursing office.

By entering your initials, you certify that you understand that a Criminal Background Check (CBC) is required by law for all initial, endorsement, and reinstatement Massage Therapy applicants. The CBC requirements and process details are available at <https://www.dhp.virginia.gov/Boards/Nursing/ApplicantResources/CriminalBackgroundChecks/>. _____ (initials)

Please list all previous names used (enter N/A if not applicable): _____

6. ADDITIONAL LICENSURE QUESTIONS

- A. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Licensed Massage Therapist. YES ☐ NO ☐ If YES, detail under Explanation section.
- B. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Licensed Massage Therapist. YES ☐ NO ☐ If YES, detail under Explanation section.
- C. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Licensed Massage Therapist? YES ☐ NO ☐ If YES, detail under Explanation section.

NOTE: If you answered YES to any of the above questions in Section 6, the Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board. Have certified copies of any applicable orders mailed directly to the Virginia Board of Nursing office.

7. MILITARY SPOUSE

- A. Did you relocate with a spouse who is the subject of a military transfer to the Commonwealth of Virginia? YES ☐ NO ☐
- B. Are you active-duty military? YES ☐ NO ☐

PLEASE BE SURE THAT YOU HAVE ANSWERED EACH OF THE ABOVE QUESTIONS.

8. EXPLANATION

Attach additional pages if necessary.

9. EMPLOYMENT HISTORY

List all of your employers since your license was suspended or revoked. Include address, telephone number, dates of employment and reason for leaving.

Employer Name (Current/Most Recent Employer First)	City/State	Employment Start Date	Employment End Date	Reason for Leaving

10. EDUCATION OFFERINGS

List any education offerings you have participated in since your certificate was suspended or revoked.

Name of Education Offering or Program	Dates of Participation

11. CERTIFICATION

I certify by entering my signature below, I am the person applying for licensure and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me and that statements made on the application are true and complete. I understand that providing false or misleading information as well as omitting information in response to information requested in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license.

Signature:

Date:



CHECKLIST INSTRUCTIONS

FOR REINSTATEMENT AS A MASSAGE THERAPIST FOLLOWING SUSPENSION OR REVOCATION

Pursuant to 18 VAC 90-50-80 of the Virginia Regulations Governing the Licensure of Massage Therapist, a massage therapist whose license has been suspended or revoked may apply for reinstatement by filing a reinstatement application. If your license was revoked, you may not apply for reinstatement sooner than three years from entry of the order of revocation. Orders of suspension may indicate when a massage therapist is eligible to apply. Please review the original order or access our website for a copy.

Once a completed reinstatement form, fee, and all required supporting documentation are received, you will be contacted by a representative of the Department of Health Professions. This individual will compile a background report to be submitted to the Board to assist in the presentation of your application. However, it is the responsibility of the applicant to provide the Board with sufficient evidence that they are able to resume the safe and competent practice of massage therapy. Once the background report has been completed and submitted to the Board, you will be scheduled for a proceeding to present your petition to the Board.

✓ REQUIREMENTS are listed below to submit an application for Reinstatement.

- ☐ **APPLICATION:** Applications for Reinstatement as a Massage Therapy following Suspension or Revocation must be downloaded from the Board of Nursing website at: http://www.dhp.virginia.gov/media/dhpweb/docs/nursing/forms/MT_Reinstatement_Susp_Revoke.pdf, completed, and mailed to the Board office.
 - ☐ **APPLICATION FEE:** \$200.00 application fee by check, cashier's check or money order made payable to Treasurer of Virginia must be mailed with your application. Your application will not be reviewed or considered until you have submitted payment. (Pursuant to 18VAC90-50-30(A), application fees are non-refundable)
 - ☐ **COMPLETED CRIMINAL HISTORY BACKGROUND CHECK:** Required pursuant to Virginia Code § 54.1-3005.1: Within 7-10 business days after confirmed payment receipt for your filed application, you will receive a *Fieldprint Code*. This code is required to register for fingerprinting, which must be done exclusively through Fieldprint Va. You must have a confirmed application filed with Virginia Board of Nursing prior to registering for fingerprinting. If you do not receive your *Fieldprint Code* within 7-10 business days, you must contact the VBON CBC unit. More information regarding the Criminal Background Check may be found at VBON CBC Info.
 - ☐ **CONTINUING COMPETENCY REQUIREMENTS:** Provide evidence with your application that you have completed the continuing competency requirements pursuant to 18 VAC 90-50-75 of the Virginia Regulations Governing the Licensure of Massage Therapist during the period in which the license has been lapsed.
 - ☐ **SUPPORTING DOCUMENTS** (if applicable)
 - ☐ **Detailed explanation of conviction(s)** (*detailed explanation should describe the circumstances that caused each conviction; what happened, when it happened, why it happened, and what you have done or are doing to ensure these incidents will not happen again*) To avoid delays this information should be included on the application.
 - ☐ **Certified Court Order(s)**- To avoid delays, contact the court(s) and request a certified copy of the conviction record(s) from the appropriate court clerk's office (either the arrest warrant with the back filled out by the judge (misdemeanor) or the final Sentencing Order if it were a felony for conviction. *If the Sentencing Agreement makes mention of a pre-hearing or probationary report, that report must also be included.* Certified documents must be mailed to the Virginia Board of Nursing, Attention Massage Therapy.
- If court records are no longer available, contact the court(s) and request a certified statement that your records are no longer available. Certified statement must be mailed to the Virginia Board of Nursing, Attention Massage Therapy.
- ☐ **Proof all court ordered requirements have been met** (*for example: payment of fines/fees/restitutions/status of an approved payment plan, completion of community service, completion of any treatment programs, status of probation*)
 - ☐ **Name Change Document** – To avoid delays, if proof of name change to current name has not been filed with this office, please submit with your application a copy of your marriage certificate, divorce decree or court order authorizing the change.

☐ **ADDITIONAL INFORMATION**

- ❖ The Board may request additional evidence that you are prepared to resume practice in a competent manner.
- ❖ Once a completed reinstatement application, fee, and all required supporting documentation are received, you will be contacted by a representative of the Department of Health Professions. This individual will compile a background report to be submitted to the Board to assist in the presentation of your application. However, it is the responsibility of the applicant to provide the Board with sufficient evidence that they are able to resume the safe and competent practice of massage therapy. Once the background report has been completed and submitted to the Board, you will be scheduled for proceeding to present your petition to the Board.
- ❖ Laws Governing Nursing and the Virginia Regulations Governing the Licensure of Massage Therapist may be obtained at: <http://www.dhp.virginia.gov/Boards/Nursing/PractitionerResources/LawsRegulations/>.
- ❖ Documents submitted to the Virginia Board of Nursing are property of the Board and cannot be returned.
- ❖ An incomplete application for licensure will be retained on file only as required for audit. If not completed within one year, a new application may be necessary.
- ❖ Providing false or misleading information as well as omitting information in response to information requested in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license.
- ❖ Supporting documentation should be **mailed** to:

Virginia Board of Nursing
Attn: Massage Therapy Licensure
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233

PLEASE NOTIFY THIS OFFICE WITHIN THIRTY DAYS OF A NAME CHANGE OR ADDRESS CHANGE.

End of instructions



FOR OFFICE USE ONLY (Finance Division)			
Fee Paid <input type="checkbox"/> \$200	Applicant ID #		Receipt #
FOR OFFICE USE ONLY (BON Staff)			
Mandatory Suspension YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Suspended or Revoked	Cont. Comp. Req. Rcvd	Date CBC Completed
Acknowledgement Sent	Date to ENF	Date Reinstated	Reinstatement Approved By

**APPLICATION FOR REINSTATEMENT AS A MESSAGE THERAPIST
FOLLOWING SUSPENSION OR REVOCATION**

I hereby make application to reinstate my license as a **Massage Therapist** following **Suspension or Revocation** in the Commonwealth of Virginia. The following information in support of my application is submitted with a **check or money order** in the amount of **\$200.00** made payable to the *Treasurer of Virginia*. The application fee is **non-refundable**.

Disclosure of Addresses

Pursuant to Virginia Code § 54.1-2400.02 addresses of licensees are made available to the public. Normally, the Address of Record is the publicly disclosed address. If you do not want your Address of Record to be made public, you may provide a second, publicly disclosable address (e.g. work, practice address or Post Office Box). If you would like your Address of Record to be publically available please complete both sections with same address.

Disclosure of Social Security or DMV Control Numbers

Pursuant to Virginia Code § 54.1-116 (A), you are required to submit your social security number or your control number issued by the Virginia Department of Motor Vehicles*. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities. Under Virginia Code § 54.1-116 (B), foreign nationals who are otherwise qualified as an applicant for a license, certificate or registration may be issued a temporary license or authorization to practice, effective for not longer than 90 days.

Please provide the information requested below and on all the pages to follow. Use full name and not initials. (Print or Type)			
1. APPLICANT PERSONAL INFORMATION			
Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Address of Record (Mailing Address):	City:	State:	Zip Code:
Publicly Disclosable Address:	City:	State:	Zip Code:
Date of Birth: (MM/DD/YYYY) ____/____/____		Social Security Number or Virginia DMV Control Number*:	
Email Address:		Telephone Number: () -	
Virginia Massage License Number: 0019-	Full Name at the Time of Initial Licensure:		Date First License Issued:
If proof of name change to current name has not been filed with this office, please submit a copy of your marriage certificate, divorce decree or court order authorizing the change with your application.			

2. LICENSURE HISTORY QUESTIONS

- A. This question applies to any license/certificate/registration as a massage therapist, registered nurse, licensed practical nurse, nurse aide, medication aide or other license/certificate/registration as a health care provider that may have been issued to you. (Except the one which is currently suspended or revoked.) Please answer YES or NO to EACH of the following:
- Have you ever had disciplinary action taken against any license/certificate/registration to practice in any state/jurisdiction? YES ☐ NO ☐
 - Have you ever voluntarily surrendered any license/certificate/registration issued to you to avoid disciplinary action? (Does not include allowing your license to expire or placing the license in inactive status.) YES ☐ NO ☐
 - Have you ever had any of the following disciplinary actions taken against your license/certificate/registration by any licensing authority in any state/jurisdiction: placed on probation, suspended, revoked or otherwise disciplined? YES ☐ NO ☐
 - Have you ever applied for and been denied a license/certificate/registration in a health related field in any state/jurisdiction? YES ☐ NO ☐
 - Have you ever been the subject of an investigation by any licensing authority? YES ☐ NO ☐
- B. Within the past five (5) years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? YES ☐ NO ☐
- If YES, detail under Explanation section.
 - Within the past five (5) years, have you sought or been directed to seek treatment for your conduct or behavior? YES ☐ NO ☐
- C. Within the past five (5) years, have you been disciplined by any entity? YES ☐ NO ☐
- If YES, detail under Explanation section and provide any associated orders or letter from entity.
 - Within the past five (5) years, have you sought or been directed to seek treatment for your conduct or behavior? YES ☐ NO ☐
- D. Within the past five (5) years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? YES ☐ NO ☐
- If YES, detail under Explanation section. (*Note: The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may consider providing this documentation with your application or have the program send this documentation directly to the Board.*)

If you answered YES to any of the above questions, please explain in detail under the Explanation section and, if applicable, have certified copies of any applicable orders sent directly to the Virginia Board of Nursing office.

3. CURRENT LICENSURE HISTORY

- a. Have you ever been licensed /certified/ registered in another state/jurisdiction as a Massage Therapist? YES ☐ NO ☐ If YES, what other states/jurisdictions have you been licensed/certified/registered:

State:	Year Licensed:	Expiration Date:	License #:
State:	Year Licensed:	Expiration Date:	License #:
State:	Year Licensed:	Expiration Date:	License #:
State:	Year Licensed:	Expiration Date:	License #:
State:	Year Licensed:	Expiration Date:	License #:

4. CONTINUING COMPETENCY REQUIREMENTS

Have you completed the continuing competency requirements for the period in which your Virginia Massage Therapist license has been suspended or revoked, pursuant to 18 VAC 90-50-75 and 18 VAC 90-50-80 of the Virginia Regulations Governing the Licensure of Massage Therapist? YES ☐ NO ☐ (Please submit copies of all related documents with your application.)

5. CONVICTION QUESTION

Have you **ever** been convicted, pled guilty to or pled Nolo Contendere to the violation of any federal, state or other statute or ordinance constituting a felony or misdemeanor? *(Including convictions for driving under the influence, but excluding traffic violations)* YES ☐ NO ☐ If **yes**, please explain in **detail** under the explanation section and have a certified copy of the court order(s) **mailed directly** to the Virginia Board of Nursing office.

By entering your initials, you certify that you understand that a Criminal Background Check (CBC) is required by law for all initial, endorsement, and reinstatement Massage Therapy applicants. The CBC requirements and process details are available at: <http://www.dhp.virginia.gov/Boards/Nursing/ApplicantResources/CriminalBackgroundChecks/>. _____ (initials)

Please list all previous names used (enter N/A if not applicable): _____

6. ADDITIONAL LICENSURE QUESTIONS

- A. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Licensed Massage Therapist. YES ☐ NO ☐ If YES, detail under Explanation section.
- B. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Licensed Massage Therapist. YES ☐ NO ☐ If YES, detail under Explanation section.
- C. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Licensed Massage Therapist? YES ☐ NO ☐ If YES, detail under Explanation section.

NOTE: If you answered YES to any of the above questions in Section 6, the Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board. Have **certified** copies of any applicable orders mailed directly to the Virginia Board of Nursing office.

7. MILITARY SPOUSE

- A. Did you relocate with a spouse who is the subject of a military transfer to the Commonwealth of Virginia? YES ☐ NO ☐
- B. Are you active-duty military? YES ☐ NO ☐

PLEASE BE SURE THAT YOU HAVE ANSWERED EACH OF THE ABOVE QUESTIONS.

8. EXPLANATION

Attach additional pages if necessary.

9. EMPLOYMENT HISTORY

List all of your employers since your license was suspended or revoked. Include address, telephone number, dates of employment and reason for leaving.

Employer Name (Current/Most Recent Employer First)	City/State	Employment Start Date	Employment End Date	Reason for Leaving

10. EDUCATION OFFERINGS

List any education offerings you have participated in since your certificate was suspended or revoked.

Name of Education Offering or Program	Dates of Participation

11. CERTIFICATION

I certify by entering my signature below, I am the person applying for licensure and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me and that statements made on the application are true and complete. I understand that providing false or misleading information as well as omitting information in response to information requested in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license.

Signature:

Date: