



State of New Hampshire
 Department of Health and Human Services
 Office of Operations Support
 Licensing and Regulation Services
 129 Pleasant Street
 Concord NH 03301-3857
 TDD Access: Relay NH 1-800-735-2964
 In NH 1-800-852-3345, EXT 9480
 603-271-9480

FOR DEPARTMENT USE ONLY	
<input type="checkbox"/>	\$125.00 Fee/Check # _____

<input type="checkbox"/>	New
<input type="checkbox"/>	Reciprocity
Effective Dates:	
License Number:	

Massage Therapist Licensure Application

Initial Application

PLEASE PRINT

Last Name		First Name		Middle Initial
_____		_____		_____
Date of Birth	Daytime Phone	E-Mail Address		
____/____/____	(____) _____ - _____	_____		

Home Address	City	State	Zip
_____	_____	_____	_____

Check here if you do NOT want your home address disclosed to individuals, trade organizations, or schools for the sole purpose of advertising continuing education opportunities.

Mailing Address	City	State	Zip
_____	_____	_____	_____

Massage School – Name/address (Attach Official Transcript)	City	State	Zip
_____	_____	_____	_____
Date of Graduation	Total # Hours		
_____	_____		

Other professional licenses (excluding driver's license)	State issued:	Expiration:
Profession: _____	_____	_____
Profession: _____	_____	_____
Profession: _____	_____	_____

Date satisfactorily completed national written examination	_____	Date satisfactorily completed CPR course	_____	Date satisfactorily completed First Aid Course	_____
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Have you been convicted of any crime involving violence inflicted on a person or threatened against a person, or any sexually-related crime? No Yes (Explain)

Are you in good mental and physical health? Yes No (Explain)

The Department of Health and Human Services is required by law to ask for your social security number. The number will be held confidential by the Department and used only for enforcement of the laws governing child support. (42 USC 666(a)(13); RSA 161-B:11)

Social Security Number: _____ - _____ - _____

“By my signature I attest full compliance with RSA 328-B and all corresponding New Hampshire regulations and that the information and documentation provided are accurate to the best of my knowledge. I understand that knowingly providing false information may be grounds for denial, suspension, and or revocation of a license.”

Documentation to be Submitted with Application for INITIAL License

Below is a list of the requirements and documentation you will need to attach to this application. If you have any questions while completing this application, please do not hesitate to call our office at 603-271-9480 for assistance. Mail or deliver application and materials to the address on the front of this application.

1. A recent photograph of yourself - 2x2 passport photo.
 2. **Diploma with name and address of massage school you graduated from.**
*Photocopied diplomas **must be notarized or must have an embossed seal** of the massage school you graduated from. **Original diplomas will not be returned.***
 3. **Official transcripts from your massage school.**
*Official transcripts **must include** course titles, length or number of hours for all courses successfully completed, and **an embossed school seal or original signature of a school official.** If you attended a massage school out of state, your application must also include a Transcript Review Packet, completed by each massage therapy school you attended. If you do not meet the 750 hour requirement, you may be eligible for a TEMPORARY license. You may contact this office to request a Transcript Review Packet or if you need more information on this matter.*
 4. **Documentation of passage of the MBLEx or NCBTMB written examination.**
 5. ***Documentation of current certification in Adult CPR.** *Photocopies acceptable.*
**American Red Cross, American Heart Association, or National Safety Council.*
 6. ***Documentation of current certification in First Aid.** *Photocopies acceptable.*
**American Red Cross, American Heart Association, or National Safety Council.*
 7. **License application fee is \$125.**
*Checks, postal or express money order(s) are to be **made payable to: "Treasurer, State of New Hampshire."***
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