



## 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 If your license was revoked, you may not apply for reinstatement sooner than **three** years from entry of the order of revocation.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](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.

<b>Please provide the information requested below and on all the pages to follow. Use full name and not initials. (Print or Type)</b>			
<b>1. APPLICANT PERSONAL INFORMATION</b>			
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: <b>0019-</b>	Full Name at the Time of Initial Licensure:	Date First License Issued:	
<b>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.</b>			

## 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.**



**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: