



MESSAGE 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*:	
Massage 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"/>
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APPLICANT'S EXAMINATION INFORMATION

NCETMB _____ / _____ / _____ Date Examination Passed

NCETM _____ / _____ / _____ Date Examination Passed

MBLEX _____ / _____ / _____ Date Examination Passed

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