



CHECKLIST INSTRUCTIONS FOR REINSTATEMENT AS A MESSAGE 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 MESSAGE 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/emailed to the Virginia Board of Nursing, Attention: Massage Therapy.

(NOTE: If court records are no longer available, contact the court(s) and request a certified statement that your records are no longer available. The Certified statement must be mailed/emailed 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/email a copy of the legal document that changed your name to the Virginia Board of Nursing, Attention Massage Therapy. *(Acceptable documents are marriage certificate, divorce decree or court order.)*



ADDITIONAL INFORMATION

- ❖ The Board's preferred method of communication is via email at: massagetherapy@dhp.virginia.gov.
- ❖ 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.
- ❖ **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/nursing/nursing_laws_regs.htm.
- ❖ 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 may be **emailed** to: massagetherapy@dhp.virginia.gov, or **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



APPLICATION FOR REINSTATEMENT AS A MESSAGE 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 publicly 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.

APPLICANT 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. | | | | | | | | |

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: (<i>Check which applies</i>) <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Associate <input type="checkbox"/> Other | |
| Massage Therapy Program accredited/approved by: (<i>Name of State Agency</i>) | | | | | |

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

LICENSURE HISTORY

1. 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: |

2. 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: |

3. 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 #: |

4. Have you ever been denied a license/certification/registration in a health related field or 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: |

5. Has any license/registration/certificate issued to you been voluntarily surrendered? YES ☐ NO ☐
If yes, what type of license/certificate/registration and in what state/jurisdiction?

| | | |
|-------|--------|-------|
| Type: | State: | Year: |
| Type: | State: | Year: |
| Type: | State: | Year: |

6. 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 ☐

If yes, what type of license/certificate/registration and in what state/jurisdiction?

| | | |
|-------|--------|-------|
| Type: | State: | Year: |
| Type: | State: | Year: |
| Type: | State: | Year: |

7. Has your practice ever been the subject of an investigation by any licensing/certifying authority? YES ☐ NO ☐

If yes, what type of license/certificate/registration and in what state/jurisdiction?

| | | |
|-------|--------|-------|
| Type: | State: | Year: |
| Type: | State: | Year: |
| Type: | State: | Year: |

If you answered YES to questions 1 – 7, 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.

CRIMINAL BACKGROUND CHECK

Have you **ever** been convicted of a violation of local, state or federal statute, regulation or ordinance, or entered into any plea agreement relating to a felony or misdemeanor? (Excluding traffic violations, except convictions for driving under the influence and reckless driving). Additionally, any information concerning an arrest, charge, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana, does not have to be disclosed. 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): _____

ADDITIONAL LICENSURE QUESTIONS

Respond in full to the following questions. You may provide required details in the Explanation section on page 5

- A. Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients or clients? YES ☐ NO ☐ If yes, provide a full explanation. Note: The Board may ask for additional documentation.
- B. Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation? YES ☐ NO ☐ If no, provide a full explanation. Note: The Board may ask for additional documentation.
- C. 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, provide a full explanation. Note: The Board may ask for additional documentation.
- D. Within the past five years, have you been disciplined by any entity? YES ☐ NO ☐ If yes, provide a full explanation and any associated orders or letters from the entity
- E. 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, provide a full explanation and any associated orders or letters from the entity. (NOTE: The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may provide this documentation with your application, or have the program send this documentation directly to the Board.)

If you answered any of the above questions that require additional information, provide details in the Explanation Section (page 3 below) and have certified copies sent directly from the court of any applicable court documents, Board Orders, etc. sent directly to the VBON.

MILITARY QUESTIONS:

- A. Are you an active member or veteran of the U.S. military? YES _____ NO _____
- B. Are you a **spouse** of ☐ someone ☐ who is on federal active-duty orders pursuant to Title 10 of the U.S. Code or of a veteran who has left active-duty service within one (1) year of submission of this application **and** who is accompanying your spouse to Virginia or an adjoining state or the District of Columbia? YES _____ NO _____

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.)**

EXPLANATION SECTION may be used to detail answers to questions above (If no information provided here: line through Section; or Attach additional pages if necessary): PLEASE REFERENCE THE QUESTION IN YOUR RESPONSE BELOW.

SIGN AND DATE CERTIFICATION BELOW

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 (Full Legal Name):

Date:

| | |
|--|--|
| | |
|--|--|