



**COMMONWEALTH OF VIRGINIA**  
**Department of Health Professions – Board of Nursing**  
**Perimeter Center**  
**9960 Mayland Drive, Suite 300**  
**Henrico, VA 23233-1463**  
**(804) 367-4515 – PHONE (804) 527-4455 – FAX**  
 web: [www.dhp.virginia.gov/nursing](http://www.dhp.virginia.gov/nursing)

**MASSAGE THERAPIST LICENSURE VERIFICATION FORM**

**TO THE APPLICANT:** Complete the top portion **only** and send to the licensing authority in the state(s) 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 completed form directly to the Virginia Board of Nursing office.

**APPLICANT'S EDUCATION INFORMATION**

Name of Massage Therapy Program: \_\_\_\_\_

Address of Massage Therapy Program: \_\_\_\_\_

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**

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**