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STATE OF DELAWARE  
DEPARTMENT OF STATE

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DIVISION OF PROFESSIONAL REGULATION

## BOARD OF MASSAGE AND BODYWORK APPLICATION FOR MASSAGE TECHNICIAN CERTIFICATION

Please check whether you are applying for licensure by Direct Application or by Reciprocity. To apply by Reciprocity, you must be currently licensed by another jurisdiction where you have practiced continually for two (2) years. If you do not meet these requirements, check Direct Application.

Direct Application

Reciprocity

### **All applicants answer Questions 1 – 6**

1. Name \_\_\_\_\_  
Last First M.I.

2. Mailing Address \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

3. Day Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

4. Email Address \_\_\_\_\_

5. Social Security Number \_\_\_\_\_

\* Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that the disclosure of your social security number on this application is required by 29 Del. C. §8807(m). It may be used to enforce child support obligation pursuant to 13 Del. C. §2216 and for other lawful purposes.

6. Have you ever held a license or certificate to practice massage and bodywork issued by a state (including Delaware) or other jurisdiction? Yes  No

If "yes", continue with Questions 7 – 8. **If "no", skip Questions 7 – 8.**

7. List all states or other jurisdictions that have granted you a license or certificate. \_\_\_\_\_

**You must arrange for each State Board or other jurisdiction to send a letter of good standing directly to the Board office.**

8. Have you ever had your license or certificate to practice massage therapy suspended, revoked, or subject to other disciplinary action in any jurisdiction? Yes  No  **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

**Only Direct applicants answer Questions 9**

9. Enter the following information for the school(s) or approved program(s) in massage and bodywork that you attended.

**The school or program of training must include a curriculum of no less than:**

- 60 hours of anatomy and physiology;
- 140 hours of technique and theory of massage or bodywork therapy;
- 100 hours of elective courses in the field of massage therapy.

NAME OF SCHOOL	ADDRESS	DATES ATTENDED	HOURS COMPLETED

**You must arrange for an official transcript to be sent directly from your massage school(s) or approved program(s) to the Board office.**

**Only Reciprocity applicants answer Questions 10 – 11**

10. List the State(s) or other jurisdiction(s) in which you hold a current license or certificate to practice massage and/or bodywork. \_\_\_\_\_

11. Complete the following work or employment information for the past two (2) years.

BUSINESS NAME WHERE PRACTICED	ADDRESS	DATES OF EMPLOYMENT

(If you need more space, attach a separate sheet to this application.)

**All applicants must answer Questions 12 – 18**

12. Have you passed a state-certified examination in cardiopulmonary resuscitation (CPR) training; and possess current CPR certification? Yes  No

**Unless you have lower limb amputee status, submit a copy of your current CPR card (front and back) to the Board office.**

13. Have you ever employed or knowingly cooperated in fraud or material deception in order to acquire a license as a massage or bodywork therapist or certification as a massage technician? Yes  No  **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

14. Have you ever impersonated another person holding a license or certification, or allowed another person to use the massage or bodywork license or massage technician certification, or aided or abetted a person not licensed as a massage or bodywork therapist or certified as a massage technician to represent that person as a massage or bodywork therapist or massage technician? Yes  No  **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

15. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction? Yes  No  **If yes, submit a certified copy of your criminal history record.**
16. Have you ever excessively used or abused drugs (including alcohol, narcotics, or chemicals)? Yes  No  **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
17. Do you have any impairment related to drugs or alcohol that would limit your practice of massage and bodywork? Yes  No  **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
18. Are any unresolved complaints pending against you in any jurisdiction? Yes  No  **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

**To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:**

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

**Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.**

**When your application is complete, please allow 4-8 weeks to receive your license.**

**AFFIDAVIT**

State of \_\_\_\_\_ )  
 \_\_\_\_\_ )SS  
 County or City of \_\_\_\_\_ )

The undersigned applicant for Massage Technician Certification, being sworn, deposes and says that the information contained in this application is true and correct, and that s/he understands that the intentional inclusion of false or fraudulent information or the material omission of information may result in the denial of licensure and will be reported to the Attorney General for further action.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Sworn and subscribed to before me this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Notary Public

My commission expires: \_\_\_\_\_.