



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

MESSAGE THERAPIST LICENSE APPLICATION INSTRUCTIONS

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER. DO NOT SEND CASH.

1. **NAME** – Provide your legal name in the spaces provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. **DO YOU HAVE A SOCIAL SECURITY NUMBER** – Check YES or NO to indicate if you have been issued or assigned a Social Security Number by the Social Security Administration.
SOCIAL SECURITY NUMBER – Write your Social Security Number. Social Security Number disclosure is required by Section 231.302(c)(1) of the Texas Family Code to obtain a license. Your Social Security Number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:
www.texasattorneygeneral.gov/cs or call (512) 460-6000 or (800) 252-8014.
3. **DATE OF BIRTH** – Provide your birthdate. Applicant must be at least 18 years of age to obtain a massage therapist license.
4. **GENDER** – Select whether you are male or female.
5. **PHONE NUMBER** – Provide a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
6. **MAILING ADDRESS** – Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
7. **EMAIL ADDRESS** – By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
8. **EXAMINATION REQUIREMENT** – Place a check in the box next to the examination method you are using to apply for a license. Be sure the application is complete and all supporting documentation (transcripts, exam results, etc.) are included. Out of country applicants are required to successfully pass both the massage and body work licensing examination (MBLEx) and jurisprudence exam.
9. **HOLD OR HAVE EVER HELD A MESSAGE THERAPY LICENSE ISSUED BY ANY OTHER STATE, JURISDICTION OR TERRITORY** – If YES, give licenses or certificate number(s), title(s), name(s), and address(s) of the jurisdiction(s) issuing the license(s) or certification(s).
10. **CRIMINAL HISTORY** – Indicate if you have ever been convicted of or placed on deferred adjudication for any Misdemeanor or Felony, other than a minor traffic violation. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at www.tdlr.texas.gov/MISC/lic002.pdf.
If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of or placed on deferred adjudication for and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at www.tdlr.texas.gov/crimHistoryEval.htm.

REQUIRED FOR ALL NEW APPLICANTS:

Fingerprinting: All new applicants must submit fingerprints for a national criminal history record review. The applicant is responsible for paying the fee associated with this review to the fingerprint service vendor used by Texas Department of Public Safety. Once your completed application is received by TDLR, instructions on how to schedule an appointment to be fingerprinted will be emailed to you. Be sure your email address is current and legible to receive the fingerprinting information. To be eligible for licensing, you must successfully pass a criminal history background check.

12. DISCIPLINARY ACTION HISTORY – Indicate if you have ever had a professional license, certification, or registration suspended, canceled, revoked, or denied in any state. If Yes, complete and attach a Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at [www.tdlr.texas.gov/misc/Disciplinary Action Questionnaire.pdf](http://www.tdlr.texas.gov/misc/DisciplinaryActionQuestionnaire.pdf).
13. STATEMENT OF APPLICANT – Carefully read the statement before dating and signing your application.

THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED:

- A completed application;
- An official transcript(s) of all relevant course work;
 - Electronic transcript(s) will be accepted if emailed to cs.transcript@tdlr.texas.gov from the school's secure site. We do not accept electronic transcripts from the applicant.
- Proof of successfully passing the MBLEx within the last two years;
 - Federation of State Massage Therapy Boards (FSMTB) <http://www.fsmtb.org>, 1-888-70-FSMTB
- Proof of successfully passing the jurisprudence exam; and
- The required \$100 application fee.

If you are applying from Out-of-State the additional documents may be submitted:

- Verification letter from other states in which you are licensed;
- School accreditation approved by the licensing entity or the education agency in that state; and
- Course description from the accredited school.

APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS, AND MILITARY SPOUSES

The Texas Department of Licensing and Regulation recognizes the contributions of our active duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans, and military spouses, please complete the **Military Service Member, Military Veteran, or Military Spouse Supplemental Application (TDLR form MIL001)** and attach it with your license application. The form is located on the TDLR website at: <http://www.tdlr.texas.gov/misc/militarysupplemental.pdf>.

If you have additional questions about qualifications, training, or experience requirements relating to occupational licensing for military service members, military veterans, or military spouses, please go to the TDLR Military Information web page at <http://www.tdlr.texas.gov/military.htm>.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at <https://www.tdlr.texas.gov> or reach Customer Service via webform where you can submit your request for assistance and include attachments needed at <https://tdlr.texas.gov/help> or (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



TEXAS DEPARTMENT OF LICENSING & REGULATION
P.O. Box 12157 • Austin, Texas 78711-2157
www.tdlr.texas.gov

MESSAGE THERAPIST LICENSE APPLICATION

DO NOT WRITE ABOVE THIS LINE

APPLICATION FEE: \$100 (FEE IS NON-REFUNDABLE)

This completed form must be accompanied by all required documents and the application fee.

1. Name

Last, First, Middle Name, Suffix (Jr, Sr, III)

2. Do you have a Social Security Number (SSN): Yes No

If Yes, please provide your Social Security Number: _____
(See instruction sheet for disclosure information)

3. Date of Birth:

Month /Day/Year

4. Gender:

Male Female

5. Phone Number:

(Area Code) Phone Number

6. Mailing Address:

P.O. Box, Number, Street Name/Apartment Number, City, State, Zip Code

7. Email Address:

(ex: johndoe@gmail.com) See instruction sheet for disclosure information

8. Examination Requirement: (Select one (1) choice for the examination required for licensure. Attach the required proof of exam results)

- I first enrolled in a 300 or 300+ hour course prior to September 1, 2007; I have completed the course; and I have taken and passed an acceptable exam within the last two years. Attach national or state exam results (1022)
- I first enrolled in a 300 or 300+ hour course prior to September 1, 2007; I have completed the course; I am currently licensed in another state in good standing; and I have taken and passed an acceptable national exam or another state's (non-national) licensing exam. The exam may have been taken more than two years ago. Name of state _____, attach national or state exam results (1030)
- I have completed a 500 or 500+ hour course; and I have taken and passed an accepted exam within the last two years. Attach exam results (1022)
- I have completed a 500 or 500+ hour course; I am currently licensed in another state in good standing and I have taken and passed an acceptable national or another state's (non-national) licensing exam. The exam may have been taken more than two years ago, Name of state _____. Attach national or state exam results (1030)

9. Do you hold, or have you ever held, a massage therapy license(s), issued by any other state(s), jurisdiction, or territory?

Yes No

If **Yes**, give the license or certificate number(s), title(s), and address(s) of the jurisdiction(s) issuing the License or certification:

The additional documents must be submitted:

- Verification letter from other states in which you are licensed;
- School accreditation approved by an education agency in that state; and
- Course description/evaluation approved by an education agency in that state.

License or certificate number: _____ Title: _____

Mailing Address: _____
P.O. Box, Number, Street Name/Apartment Number, City, State Zip Code

License or certificate number: _____ Title: _____

Mailing Address: _____
P.O. Box, Number, Street Name/Apartment Number, City, State Zip Code

10. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?

Yes No

If YES, complete and submit a Criminal History Questionnaire (CHQ) for each offense.

See instructions sheet for more information

11. Have you ever had a professional license, certification or registration suspended, canceled, revoked or denied in any state?

Yes No

If YES, complete and submit a Disciplinary Action Questionnaire (DAQ) with this application.

This does not include your driver's license

12.

STATEMENT OF APPLICANT

I certify that I will comply with all applicable laws and rules related to my licensed occupation or profession. I further certify that all information I have provided is true and correct. I understand that providing false information may result in denial of this application and/or revocation of the license.

Signature of Applicant

Date