



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## MESSAGE THERAPY INSTRUCTOR 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 – Write 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. GENDER – Select whether you are male or female.
3. DATE OF BIRTH – Write your birthdate.
4. 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 – 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](http://www.texasattorneygeneral.gov/cs) or call (512) 460-6000 or (800) 252-8014.
5. MESSAGE THERAPIST LICENSE NUMBER - Enter your license number.
6. EMAIL ADDRESS – Write your email address only if you agree to the following statement. By providing my email address I authorize the Texas Department of Licensing and Regulation (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.
7. PERSONAL PHONE NUMBER – Write 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.
8. MAILING ADDRESS – Write 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.
9. EDUCATION - Place a check mark in the box by the educational qualification you hold.
10. TEACHING – Place a check in the box if you have completed the thirty (30) hour course on teaching adult learners.
11. 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](http://www.tdlr.texas.gov/MISC/lic002.pdf).

### 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.

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](http://www.tdlr.texas.gov/crimHistoryEval.htm).

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/Disciplinary%20Action%20Questionnaire.pdf).
13. **STATEMENT OF APPLICANT** - Carefully read the statement before dating and signing your application. If you do not meet the requirements for this license (if you have less than one year of experience as a massage therapist, and/or less than 500 hours of experience excluding internship), please wait to submit your application and fee when you do meet the requirements.

**REQUIREMENTS TO BE LICENSED AS A MASSAGE THERAPY INSTRUCTOR (MTI)**

- Be a current licensed massage therapist;
- Have been engaged in the practice of massage therapy for at least one year and have conducted 500 hours of hands-on experience (does not include internship hours);
- You must have a high school diploma, a general equivalence diploma (GED), or an official transcript from an accredited college or university showing successful completion of at least twelve (12) semester hours;
- Complete a 30-hour course on teaching adult learners. Courses attended may include an instructional certification program, a college level course in teaching adult learners, a continuing education course in teaching adult learners, or an advanced program approved by the department in teaching the course of instruction.
- Submit the \$100 application fee

**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 you check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at [tdlr.texas.gov](http://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).



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## MASSAGE THERAPY INSTRUCTOR 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 Name, First Name, Middle Name, Suffix

2. Gender:

☐ Male

☐ Female

3. Date of Birth:

\_\_\_\_\_  
Month/Day/Year

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

If Yes, please provide your Social Security Number:

\_\_\_\_\_  
(See instruction sheet for disclosure information)

5. Massage Therapist  
License Number:

6. Email Address:

\_\_\_\_\_  
Ex: johndoe@gmail.com See Instruction Sheet for Disclosure Information

7. Phone Number:

\_\_\_\_\_  
(Area Code) Phone Number

8. Mailing Address:

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

9. Education: Place a check mark in the box by the educational qualification you hold:

☐ High school diploma.

☐ General equivalence diploma (GED).

☐ Completion of at least twelve (12) semester hours from an accredited college or university.

10. Teaching: Have you completed the 30-hour adult learners course?

☐ Yes ☐ No

If Yes, provide the name of the School or Certification \_\_\_\_\_

Completion date \_\_\_\_\_

11. 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

12. 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

### 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