



State of New Hampshire
 Office of Professional Licensure & Certification
 Advisory Board of Massage Therapists
 121 South Fruit Street, Suite 303
 Concord NH 03301
 603-271-3608

Massage Therapist Renewal Application

License #: _____ Expiration: _____

FOR DEPARTMENT USE ONLY

RENEWAL:

Fee/Check #: _____
\$110.00 MADE PAYABLE TO:
Treasurer, State of New Hampshire

Renewal License # _____

Effective Dates: _____

PLEASE PRINT

Last Name	First Name	Middle Initial	Phone:	Fax:

Home Address	City	State	Zip

Phone:	E-Mail Address:	Fax:

Check here if you do NOT want your home address disclosed to individuals, trade organizations, or schools for the sole purpose of advertising continuing education opportunities.

Mailing Address	City	State	Zip

CONTINUING EDUCATION

At least 12 hours per licensing period. Courses must be sponsored by either a post-secondary institution or a professional association that specializes in massage education, or instructed by a provider approved by the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB). **Do not assume that all courses instructed by an NCBTMB provider are acceptable. Courses must meet the SUBJECT requirements listed under He-P 902.08 (d).** Include the instructor's NCBTMB provider number if applicable. Maintain your documentation of continuing education credits as they are subject to audit and review.

Course Title, Sponsor, NCBTMB Provider #, and Location	Date(s) Attended	# Hours
1.		
2.		
3.		
4.		

Have you been convicted of any crime involving violence inflicted on a person or threatened against a person, or any sexually-related crime? No Yes (Explain)

The Office of Professional Licensure & Certification is required by law to ask for your Social Security Number. The number will be held confidential by the Department and used only for enforcement of the laws governing child support. (42 USC6669(a) (13); RSA 161B:11
 Social Security Number: _____

"By my signature I attest full compliance with RSA 328B and all corresponding New Hampshire regulations and that the information and documentation provided is accurate to the best of my knowledge. I understand that knowingly providing false information may be grounds for denial, suspension, and or revocation of a license."

DATE

SIGNATURE