

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
Advisory Board of Massage Therapy
7 Eagle Square
Concord, N.H. 03301
Telephone 603-271-1452 · Fax 603-271-3950



INITIAL MASSAGE THERAPIST LICENSURE APPLICATION

Incomplete applications will be returned

YOU MUST ENCLOSE THE FOLLOWING:

1. Application Fee of \$110.00. Please submit a check or money order made payable to "Treasurer, State of NH" in the amount of \$110.00 with your application;
2. A recent 2x2 inch passport photo;
3. Official transcripts from your massage school. Transcripts must include number of hours completed, course titles, enrollment date, graduation date, embossed school seal or original signature of a school official. 750 hours of training are required for licensure;
4. Diploma with name and address of massage therapy school you graduated from;
5. Documentation of passage of the MBLEX exam or other nationally recognized certifying examination;
6. Documentation of current certification in Adult CPR and First Aid from the American Red Cross, American Heart Association, National Safety Council, or any other course which meets or exceeds American Heart Institute standards.

The Board office is no longer issuing pocket cards. Your license will be emailed to you so please provide a current email address below.

Legal Name (please print): _____
(first) (last)

Home Address: _____

Mailing Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Social Security Number (required): _____

Name of Massage School: _____

Address of Massage School: _____

Enrollment Date: _____

Graduation Date: _____

Name of any other states you hold or have held a license or certificate to practice massage therapy:

_____ Year(s) Practiced: _____

_____ Year(s) Practiced: _____

_____ Year(s) Practiced: _____

Are you in good mental and physical health? Please circle one: **YES** or **NO** **If no please explain** (attach additional pages if necessary):

Have you been convicted of any crime involving violence inflicted on a person or threatened against a person, or any sexually related crime, in New Hampshire or any other state in accordance with RSA 328-B:6, I(c)? Please circle one: **YES** or **NO** **If yes please explain** (attach additional pages if necessary):

“By my signature I attest full compliance with RSA 328-B and all corresponding New Hampshire regulations and that the information and documentation provided are 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.”

Signature: _____

Date: _____