

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION  
STATE OF NEW HAMPSHIRE  
**DIVISION OF HEALTH PROFESSIONS**  
**ADVISORY BOARD OF MASSAGE THERAPY**

121 South Fruit Street  
Concord, N.H. 03301-2412

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DAVID GROSSO  
Executive Director

LINDSEY COURTNEY  
Division Director



**TEMPORARY 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. 500 hours of training are required for a temporary license;
4. Diploma with name and address of massage therapy school you graduated from;
5. If you have already taken and passed a national exam please provide documentation of passage of the MBLEx 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.
7. Documentation of practicing as a massage therapist in another state for at least one year.
8. Verification of at least 21 years of age.

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: \_\_\_\_\_

**A massage therapy temporary license is valid for one year from date of issuance. You will only have one year to complete any remaining required training hours or testing. Temporary licenses cannot be renewed or reissued.**