

**State of Tennessee  
Department of Health**

**TENNESSEE MASSAGE LICENSURE BOARD**

**227 French Landing, Suite 300  
Heritage Place MetroCenter  
Nashville, TN 37243**

**1-800-778-4123, ext. 32111**

**615-532-3202, ext. 32111**

<http://Tennessee.gov>



**Application and Procedures for Licensure**

**Massage Therapist**



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
HEALTH RELATED BOARDS  
227 French Landing, Suite 300  
Heritage Place MetroCenter  
NASHVILLE, TN 37243

TENNESSEE MASSAGE LICENSURE BOARD  
1-800-778-4123 ext. 32111  
(615) 532-3202, ext. 32111  
**LICENSURE APPLICATION INSTRUCTIONS AND CHECK SHEET**

Provided below is a checklist for your personal use and convenience containing all the things you must do to receive consideration for issuance of a Tennessee license to practice. **NOTE: All submissions must be executed and dated less than one (1) year before receipt or they will be rejected by the Board.**

ALL APPLICANTS MUST COMPLETE ITEMS 1-11	DONE
1. Complete, sign, have notarized and mail the application pages 1 through 6.	_____
2. Submit a certified copy of your birth certificate or other equivalent document <u>notarized</u> (i.e.: photocopy of passport). Notarized copies must be dated by the notary.	_____
3. Attach to the application in the space provided a clear, front faced, recognizable, recently taken within the last twelve (12) months, passport type photograph of yourself.	_____
4. Submit two (2) recent (within the preceding twelve (12) months, original signed and dated letters from health care professionals attesting to your personal character & professional ethics.	_____
5. Submit with your application a check or money order in the amount of <b>\$280.00</b> made payable to the State of Tennessee.	_____
6. Complete and mail <b>Attachment 2</b> to each state, country, or province in which you hold, or have ever held a license or certificate to practice <u>any</u> profession.	_____
7. Request verification of successful completion of an examination offered by the NCBTMB or the MBLEx examination offered by the FSMTB be sent to the Board directly from the Institution.	_____

8. Complete and mail Attachment 1 to the school(s) in which you completed a massage, bodywork, and or somatic therapy curriculum of no less than five-hundred (500) hours. Schools must be approved by the Tennessee Higher Education Commission or its equivalent in another state or by the Tennessee Board of Regents. Transcripts must show two-hundred (200) hours of sciences, two-hundred (200) hours of massage theory, eighty-five (85) hours of allied modalities, ten (10) hours of ethics and five (5) hours of Tennessee massage statutes and regulations.
9. You must complete and return Attachment 3 – Jurisprudence Questionnaire with the application.
10. You must complete and return the Mandatory Practitioner Profile Questionnaire with the application.
11. A Criminal Background Check is required. For instructions to obtain a criminal background check [click here](#) or go to the Board's main page of it's website.

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## UNDERSTANDING THE APPLICATION PROCESS

**If an address change occurs at any time, you must notify the Board office, in writing, immediately.**

1. ALL APPLICATION FEES ARE NON-REFUNDABLE.
2. All documents and fees required to be submitted by you or which must be requested from the appropriate institutions in this application process must be mailed directly to:

**Massage Licensure Board  
227 French Landing, Suite 300  
Heritage Place MetroCenter  
Nashville, TN 37243**

**For Federal Express or Special Courier:  
Massage Licensure Board  
227 French Landing, Suite 300  
Heritage Place MetroCenter  
Nashville, TN 37228**

3. Allow fourteen (14) working days for information mailed to our office to be received and placed in your file. Federal Express or special courier services will not appreciably reduce the processing time. Additionally, if Federal Express or special courier services are used you will be responsible for charges incurred. The Board asks that you please give the Board office every consideration in this matter.
4. If necessary documentation has not been received when your application has been received by the Board office, an initial deficiency letter will be sent to you by certified mail. The supporting documentation requested in the letter must be received in the Board office sixty (60) days from the date of the initial deficiency letter. Files not completed in a timely manner will be closed.
5. Absent any complicating factors, the average application processing time is **six weeks**. Once the application is completed, your file will be promptly reviewed and an initial licensure determination made. You will be promptly notified by letter of the initial determination.
6. It is recommended that you **do not** make arrangements to accept employment as a massage therapist or open a massage establishment in Tennessee until you are granted a license or authorization from the Board.

Thank you for your cooperation. We will make every effort to process your application in an expeditious and efficient manner.

PLACE  
FULL FACE,  
PASSPORT SIZE  
PHOTOGRAPH  
HERE



For Office Use Only	
Fee Codes	
2680-001-	\$ 85.00
2680-001-	\$185.00
2680-006-	\$ 10.00
TOTAL	\$280.00

STATE OF TENNESSEE  
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TENNESSEE MESSAGE LICENSURE BOARD  
1-800-778-4123 ext. 32111  
(615) 532-3202, ext. 32111  
www.tennessee.gov

## MESSAGE THERAPIST LICENSURE APPLICATION

**APPLICANT:** Read all instructions carefully and complete all portions applicable to you. **Please type or print in black or blue ink.** If a question does not apply to you place a **N/A** in the appropriate space. Do not leave any sections unanswered.

**ALL APPLICATION FEES ARE NON-REFUNDABLE**

**ATTACH A CHECK OR MONEY ORDER HERE IN THE AMOUNT OF \$280.00 FOR MESSAGE THERAPIST LICENSE. MAKE CHECK PAYABLE TO:**

**THE STATE OF TENNESSEE**

### PERSONAL INFORMATION

Name: _____			
First	Middle	Last	Maiden
Social Security Number: _____	-   -	Date of Birth: _____	
Mailing Address: _____		County (TN Applicants Only); _____	
_____		Phone: Home: (     ) _____	
_____		Work: (     ) _____	
Place of Birth: _____		Sex: (optional - for statistical purposes only)	
		Female _____	
		Male _____	
U.S. Citizen: Yes _____ No _____			

## EDUCATIONAL AND EMPLOYMENT INFORMATION

Please provide the following information for all educational institutions you have attended beyond junior high or middle school. Use the back of [this page](#) if you need additional space.

High School

From: \_\_\_\_\_ To: \_\_\_\_\_  
 Mo/Yr Mo/Yr Educational Institution Location

College/University

From: \_\_\_\_\_ To: \_\_\_\_\_  
 Mo/Yr Mo/Yr Educational Institution Location

Trade School or Massage Bodywork Training

From: \_\_\_\_\_ To: \_\_\_\_\_  
 Mo/Yr Mo/Yr Educational Institution Location

Please complete your last five years employment history starting with the most current position first. Use the back of [this page](#) if you need additional space.

**DATES**

**LOCATION**

**POSITION AND DUTIES**

From: _____ Mo/Yr	To: _____ Mo/Yr	_____ (City) (State)	_____ _____ _____
From: _____ Mo/Yr	To: _____ Mo/Yr	_____ (City) (State)	_____ _____ _____
From: _____ Mo/Yr	To: _____ Mo/Yr	_____ (City) (State)	_____ _____ _____
From: _____ Mo/Yr	To: _____ Mo/Yr	_____ (City) (State)	_____ _____ _____
From: _____ Mo/Yr	To: _____ Mo/Yr	_____ (City) (State)	_____ _____ _____
From: _____ Mo/Yr	To: _____ Mo/Yr	_____ (City) (State)	_____ _____ _____
From: _____ Mo/Yr	To: _____ Mo/Yr	_____ (City) (State)	_____ _____ _____
From: _____ Mo/Yr	To: _____ Mo/Yr	_____ (City) (State)	_____ _____ _____

## LICENSURE AND CERTIFICATION INFORMATION

List below all states, countries or provinces in which you have ever been or currently are licensed or certified as a Massage Therapist. Submit a copy of **Attachment 2** to all such states, countries, or provinces regarding such licensure, certification or permit. Use the back of this page if you need additional space. IN NOT APPLICABLE PUT N/A

STATE	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List below all states countries or provinces in which you hold or have ever held a license or certification in any profession other than a Massage Therapist. Submit a copy of **Attachment 2** to all such states, countries or provinces regarding such licensure, certification or permit. Use the back of this page if you need additional space. IF NOT APPLICABLE PUT N/A

STATE	PROFESSION	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- |  | Yes   | No    |
|--|-------|-------|
| 1. Have you taken and passed an examination offered by the NCBTMB or the MBLEx examination offered by the FSTMB?<br>If yes check one: NCBTMB _____ MBLEx _____ | _____ | _____ |
| 2. Have you ever previously applied for a massage therapist license or a massage establishment license in Tennessee?   | _____ | _____ |

## COMPETENCY INFORMATION

**PLEASE ANSWER THE FOLLOWING QUESTIONS.** If any answers to the questions in this part are in the **affirmative**, attach an explanation on a separate sheet. **In support of your explanation, the final documents or orders from the issuing states, courts, or agencies must be submitted along with this application.**

For the purposes of these questions, the following phrases or words have the following meanings:

1. **"Ability to practice your profession"** is to be construed to include all of the following:
  - a. The cognitive capacity to exercise reasoned professional judgments and to learn and keep abreast of developments in your profession; and
  - b. The ability to communicate those judgments and information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
  - c. The physical capability to perform tasks and procedures required of your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **"Medical Condition"** includes physiological, mental or psychological conditions or disorders, such as, but not limited to; orthopedic, visual, speech and/or hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.
3. **"Chemical substances"** is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
4. **"Currently"** does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee, or within the past two (2) years.
5. **"Illegal use of controlled substances"** means the use of controlled substances obtained illegally (e.g. heroin, or cocaine) as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

**QUESTIONS:**

**YES      NO**

- |   |                                 |                                 |
|---|---------------------------------|---------------------------------|
| <ol style="list-style-type: none"> <li>1. Do you currently have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?</li> <li style="margin-left: 20px;">a. If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medication) or participate in a monitoring program?</li> <li style="margin-left: 20px;">b. If you have any limitations or impairments caused by an existing medical condition, are they reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice?</li> </ol> | _____<br><br>_____<br><br>_____ | _____<br><br>_____<br><br>_____ |
|---|---------------------------------|---------------------------------|

*[If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.]*



## COMPETENCY INFORMATION CONTINUED

QUESTIONS:	YES	NO
2. Do you currently use chemical substances?	_____	_____
If yes, do they in any way impair or limit your ability to practice your profession with reasonable skill and safety?	_____	_____
3. Are you currently engaged in the illegal use of controlled substances?	_____	_____
If yes, are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of controlled substances?	_____	_____
4. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?	_____	_____
5. If you have ever held or applied for a license or certificate to practice massage therapy in any state, country or province, has it been or was it ever denied, reprimanded, suspended, restricted, revoked, or otherwise disciplined, curtailed or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____
6. If you have ever had staff privileges at any hospital or health care facility have they ever been revoked, suspended, curtailed, restricted, limited or otherwise disciplined or voluntarily surrendered under threat or restriction or disciplinary action?	_____	_____
7. Have you ever been convicted of a felony or a misdemeanor other than a minor traffic violation?	_____	_____
8. Have you ever been rejected or censured by a professional society?	_____	_____
9. In relation to the performance of your professional services in any profession:		
a. Have you ever had a final judgment rendered <u>against</u> you; or	_____	_____
b. Have you ever had settlement of any legal action rendered <u>against</u> you; or	_____	_____
c. Are there any legal actions pending <u>against</u> you or to which you are a party?	_____	_____
10. If you have ever held a license or certificate in any health care profession, has it ever been reprimanded, suspended, restricted, revoked, or otherwise disciplined, curtailed or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____

**APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT IN THE PRESENCE OF A NOTARY PUBLIC**

**AFFIDAVIT AND RELEASE**

I, \_\_\_\_\_, of \_\_\_\_\_, \_\_\_\_\_,  
*(Applicant's Name) (City) (State)*

being duly sworn and identified as the person referred to in this application and signed photos, attests to the truth of each statement made in said application. I further swear that I have read and understand the law and the rules and regulations which were enclosed in the application packet and agree to abide by them in the practice of my profession in the State of Tennessee.

**I HEREBY:**

**SIGNIFY** my willingness to appear to answer such questions as the Board may find necessary which may include an interview.

**RELEASE** to the Board, its staff and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice my profession.

**AUTHORIZE** the Board, its staff and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others and any other qualifications;

**RELEASE** from liability the Board, its staff and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character and other qualifications for licensure.

**ACKNOWLEDGE** that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical and other qualifications and for resolving any doubts about such qualifications.

**AUTHORIZE** I hereby authorize release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

In order to comply with federal statutes, the Board of Massage Licensure is obligated to inform each applicant or licensee from whom it requests a social security number that disclosing such number is mandatory in order for this Board to comply with the requirements of the federal Healthcare Integrity and Protection Data Bank and/or the National Practitioner Data Bank. If the Board is required to make a report about one of its applicants or licensees to either or both of these data banks, it must report that individual's social security number. This application will not be complete if the social security number is omitted. The number will be used for identification purposes and for such other purposes as are allowed by state and federal law.

**THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

Sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

Affix Seal Here

My Commission expires \_\_\_\_\_



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
HEALTH RELATED BOARDS  
227 French Landing, Suite 300  
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Nashville, TN 37243

TENNESSEE MESSAGE LICENSURE BOARD  
1-800-778-4123 ext. 32111  
(615) 532-3202, ext. 32111

**EDUCATION VERIFICATION**

**APPLICANT:** Supply the information requested in the box below, and then mail this entire form to the educational institution(s) where you completed your five hundred (500) hour massage therapy curriculum. Transcript must show two-hundred (200) hours of sciences, two-hundred (200) hours of massage theory, eighty-five (85) hours of allied modalities, ten (10) hours of ethics and five (5) hours of Tennessee massage statutes and regulations. **NOTE:** Most educational institution(s) require a fee, so you may want to contact the institution(s) before mailing this form. If you attended more than one educational institution, please send copies of this form to each one you intend to rely upon in obtaining licensure.

**TO WHOM IT MAY CONCERN:**

I am applying for a license to practice as a massage therapist in the State of Tennessee. The Massage Licensure Board requires verification of educational attainment. Please forward an original transcript bearing the institution's official seal to the Board's address below.

Applicant's Full Name: \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

Applicant's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant's Student Identification Number: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Degree Conferred: \_\_\_\_\_ Date Degree Conferred: \_\_\_\_\_

Please forward an original graduate transcript bearing the institution's official seal to:

**Massage Licensure Board  
227 French Landing, Suite 300  
Heritage Place MetroCenter  
Nashville, TN 37243**

Thank you for your cooperation and prompt response.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
HEALTH RELATED BOARDS  
227 French Landing, Suite 300  
Heritage Place MetroCenter  
Nashville, TN 37243

TENNESSEE MESSAGE LICENSURE BOARD  
1-800-778-4123 ext. 32111  
(615) 253-2111

CLEARANCE FROM OTHER STATE LICENSURE BOARDS

**APPLICANT:** Please complete the information requested in the top box and then mail one form to the licensure board in each state where you hold or have ever held a license to practice any profession. (Copies of this form can be used.) **NOTE:** Some states require a fee for providing clearance information. To expedite your application, you may wish to contact the applicable state(s).

To Be Completed By Applicant (Please Type or Print In Ink)

I, the undersigned applicant, was granted a license/certificate to practice \_\_\_\_\_ with **(check one)**  
 \_\_\_\_\_  
 \_\_\_\_\_ (Profession)

License /  Certificate /  Registry number \_\_\_\_\_ on \_\_\_\_\_ in the State of \_\_\_\_\_  
 \_\_\_\_\_ (Date)

The Tennessee Massage Licensure Board requests that I submit evidence of the current status of that license/certification in your state.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Tennessee Massage Licensure Board.

Date: \_\_\_\_\_

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Applicant's typed or printed name

To Be Completed By Administrative Office of State Licensure Board

Name In Full As It Appears On License/Certificate or Permit:  
 \_\_\_\_\_  
 \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (Last)

License/Certificate/Permit Number: \_\_\_\_\_ Profession: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Basis of issuance: \_\_\_\_\_ Endorsement/Reciprocity with \_\_\_\_\_  
 (Check One) \_\_\_\_\_ (State)

\_\_\_\_\_ Written Examination \_\_\_\_\_  
 \_\_\_\_\_ (Name of Exam)

The License is currently active and registered? \_\_\_ Yes \_\_\_ No  
 Is there any derogatory information on file? \_\_\_ Yes \_\_\_ No If yes, Please attach supporting documentation.

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

State Board: Please return this form to: **Massage Licensure Board**  
227 French Landing, Suite 300  
Heritage Place MetroCenter  
Nashville, TN 37243



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
HEALTH RELATED BOARDS  
227 French Landing, Suite 300  
Heritage Place Metro Center  
Nashville, TN 37243

**TENNESSEE MASSAGE LICENSURE BOARD  
JURISPRUDENCE QUESTIONNAIRE**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Circle the correct answer and return this questionnaire with your application to the Board.

1.	True	False	A license to perform massage therapy is not required when the client provides compensation to the massage therapist.
2.	True	False	An adequate waiting area for all clients is mandatory for licensed massage establishments.
3.	True	False	If linens remain clean, they may be used for more than one (1) client.
4.	True	False	If a client objects, he/she does not have to be draped.
5.	True	False	Licenses must be renewed every year before December 31 <sup>st</sup> .
6.	True	False	Enclosing proof of completing annual continuing education requirements with the licensure renewal form is not necessary.
7.	True	False	There will be no consequences for failure to renew a license if the Board forgets to send a renewal form.
8.	True	False	Submitting an "affidavit of retirement" instead of a notarized letter is the proper way to retire a license.
9.	True	False	Reinstating a license that has been retired for two (2) or more years will result in the licensee having to submit proof of continuing education.
10.	True	False	Ten (10) hours of massage therapy related continuing education are required in a calendar year.
11.	True	False	The Tennessee Medical Association is not a pre-approved continuing education course provider.
12.	True	False	Each licensee must retain proof of completing continuing education requirements for four (4) years.
13.	True	False	If an establishment's license is displayed, it is not necessary to display the licenses of the massage therapists.
14.	True	False	Changing a licensee's name and/or address can be accomplished by calling the Board's toll-free phone number.
15.	True	False	Advertising that massage therapy cures arthritis is permitted.

- |     |      |       |   |
|-----|------|-------|---|
| 16. | True | False | A recording or copy of every advertisement must be retained by the licensee for two (2) years.  |
| 17. | True | False | Refusing to comply with or allow a Board authorized inspection constitutes grounds for revocation or suspension of a license.   |
| 18. | True | False | Although massage therapy is considered to be one of the healing arts, massage therapists are not considered to be primary care providers.   |
| 19. | True | False | Separate rest rooms are required for men and women in all massage establishments.   |
| 20. | True | False | Massage tables must be cleaned as often as necessary, or at least once per day.   |
| 21. | True | False | A massage establishment license is not required if in a beauty shop that has a business license.  |
| 22. | True | False | A female massage therapist may perform breast massage on a male client.   |
| 23. | True | False | Any location within a health care professional's office dedicated to and maintained for the use of a massage therapist who performs massage therapy services to the patients of the facility must be licensed as a massage establishment. |
| 24. | True | False | No continuing education is required in the year of graduation from massage school.  |
| 25. | True | False | Every massage therapist is responsible for complying with the rules of the Tennessee Massage Licensure Board.   |
| 26. | True | False | The school is responsible for teaching me every thing I need know about massage rules and laws.   |
| 27. | True | False | It is the individual massage establishment owners' responsibility to know and comply with the rules of the Tennessee Massage Licensure Board.   |