



## MESSAGE THERAPIST APPLICANT VERIFICATION FORM

**TO THE APPLICANT:** Complete the top portion **only** and send to the licensing authority in **EACH** state where you were licensed/certified/registered as a massage therapist (**fee may be required**).

### APPLICANT INFORMATION

Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Mailing Address:	City:	State:	Zip Code:
Date of Birth: (MM/DD/YY)		Social Security Number or Virginia DMV Control Number*:	
Massage License/Certification/Registration Number:		Year Issued:	
Name on Original Massage License/Certification/Registration:			

**TO THE LICENSING AUTHORITY:** Please provide verification of applicant's education, examination and licensure information requested below and mail or email completed form directly to the Virginia Board of Nursing office.

### APPLICANT'S EDUCATION INFORMATION

Name of Massage Therapy School: \_\_\_\_\_

Address of Massage Therapy School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Was school approved/accredited at time applicant graduated? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	Date Program Completed: _____	Was program 500hrs or more: <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
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### APPLICANT'S EXAMINATION INFORMATION

NCETMB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date Examination Passed

NCETM \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date Examination Passed

MBLEX \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date Examination Passed

OTHER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date Examination Passed

Name of Organization that Administered Exam:  NCBTMB  FSMTB  OTHER \_\_\_\_\_

### APPLICANT'S LICENSURE INFORMATION

License Number \_\_\_\_\_ was granted on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ expires \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Obtained By:  examination  endorsement  waiver  other \_\_\_\_\_

Status of license:  Current  Lapsed  Inactive  other \_\_\_\_\_

Has license ever been denied, suspended, revoked, placed on probation or otherwise disciplined? YES  NO   
*If yes, please attach certified copy of order issued by the certifying/licensing body*

I certify the above information to be true in every respect, according to the record on file with the \_\_\_\_\_  
\_\_\_\_\_ (Licensing/Certifying Authority).

\_\_\_\_\_ Date

**SEAL**

\_\_\_\_\_ Executive Director