



GEORGIA BOARD OF MASSAGE THERAPY

www.sos.state.ga.us/plb/massage

Post Office Box 13446
Macon, Georgia 31208
(478) 207-2440 Phone

MASSAGE THERAPY APPLICATION FOR LICENSURE

GENERAL INSTRUCTIONS

Please read these instructions, the Georgia Law (O.C.G.A. § 43-24A) and Board Rules pertaining to the practice of massage therapy in Georgia carefully prior to completing application. The Board may deny a license for any reason set forth in O.C.G.A. § 43-1-19.

YOU MAY NOT PRACTICE IN GEORGIA WITHOUT A LICENSE ISSUED BY THE BOARD.

ALL APPLICANTS MUST SUBMIT THE FOLLOWING:

APPLICATION FEE	Please refer to fee schedule for appropriate remittance. The respective fee must accompany each application. <u>The application fee is non-refundable</u> and cannot be combined with any other fee. Money Orders and Personal Checks accepted; made payable to The Georgia Board of Massage Therapy. Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to O.C.G.A. §16-9-20.
APPLICATION	Type or print in ink. You must respond to all the questions and requests on the application, and have your signature and the application notarized, or the application <u>will be returned for you to complete</u> .
PHOTOGRAPH	An original photograph of the applicant. Only a passport type photo (2"X2") taken within the past six months will be accepted. <u>NO DIGITAL PHOTOS OR COPIES OF PHOTOS ACCEPTED</u>
REFERENCES	Three (3) References: Two (2) professional references from practicing massage therapists, other licensed healthcare professionals or instructors from a massage therapy program and one (1) personal reference (<u>excluding immediate family</u>). All references must have known the applicant for two (2) or more years; however, for applicants who have <u>graduated from a Board recognized massage therapy program</u> within one (1) year of the date of their application, the professional references must have known the applicant for only a minimum of six (6) months. (Reference forms can be found on pages 9, 10 & 11) <u>Individuals completing the reference forms must have the form notarized by a notary public.</u>
BACKGROUND CHECK	The "Consent Form" (page 12) <u>MUST BE COMPLETED, SIGNED AND RETURNED WITH YOUR APPLICATION AND SUPPORTING DOCUMENTS OR YOUR APPLICATION WILL BE RETURNED.</u>
ADDRESS AND NAME CHANGES	Please notify this office immediately, in writing, of any address and/or name change. The post office does not forward mail from the board. All name changes must include a <u>copy of the official document that changes the name. (Social Security cards and Drivers Licenses are not acceptable.)</u> Change requests may be faxed to: (866) 888-7127, Attention: Massage Therapy Board

DEPENDING ON IF YOU ARE APPLYING BY APPLICATION OR ENDORSEMENT, ONE OR MORE OF THE FOLLOWING MAY BE REQUIRED. PLEASE REVIEW THE NEXT PAGE (2) FOR WHAT DOCUMENTATION WILL BE REQUIRED FOR THE METHOD BY WHICH YOU ARE APPLYING:

TRANSCRIPTS	Official transcripts <u>mailed from school of study</u> showing degree and date of completion mailed either directly to the Georgia Board of Massage Therapy or to the applicant. <u>Either way, the board must receive the document in the original, sealed envelope.</u> If mailed to you, <u>do not open</u> and submit with your completed application <u>in the original, sealed envelope.</u>
VERIFICATION OF LICENSURE	Official verification of licensure of <u>current/active</u> license in another jurisdiction, state, or territory of the United States or foreign country must be mailed directly to either the Georgia Board of Massage Therapy. The verification <u>MUST</u> be an original and contain the licensing entities official board or regulatory authority seal. <u>NO COPIES ACCEPTED</u>
BOARD APPROVED EXAMINATIONS	Official verification from the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) showing the applicant has passed either the National Certification Exam for Therapeutic Massage (NCETM) or the National Certification Exam for Therapeutic Massage & Bodywork (NCETMB). <u>NO COPIES</u> Official verification from the Federation of State Massage Therapy Boards (FSMTB) showing the applicant has passed the "Massage and Bodywork Licensing Examination (MBLEX). <u>NO COPIES</u>

MAIL YOUR COMPLETED APPLICATION, FEE, AND SUPPORTING DOCUMENTS TO THE POST OFFICE BOX NOTED AT THE TOP OF THIS APPLICATION.

GENERAL ELIGIBILITY REQUIREMENTS

ALL APPLICANTS MUST PROVIDE/MEET THE FOLLOWING REQUIREMENTS:

- Applicant must be at least eighteen (18) years of age; and
- Applicant must have a high school diploma or its recognized equivalent; and
- Applicant must be a citizen of the United States or a permanent resident of the United States; and
- Applicant agrees to provide the Board with any and all information necessary, and authorizes the Board or its representative, to perform a criminal background check; and
- Applicant must provide three (3) references; and
- Passport photo (2" X 2") of applicant, taken within six (6) months.

Depending on how you are applying, the following documents are also required:

(1). BY APPLICATION:

(For Example: Individuals who do not have a current, active license in another state, who live in a state or jurisdiction that does not require licensure to practice who plan to move into Georgia and continue to practice, or, those who have just recently graduated from a massage therapy education program are examples of who may apply by "application")

- Official school transcript, **in the original sealed envelope**, showing successful completion of a minimum of 500 hours of course and clinical work in massage therapy from a Board recognized massage therapy educational program; and
- Official verification from the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) showing applicant has passed the National Certification Exam for Therapeutic Massage (NCETM) or the National Certification Exam for Therapeutic Massage & Bodywork (NCETMB); or
- Official verification from Federation of State Massage Therapy Boards (FSTMB) showing applicant has passed the Massage and Bodywork Licensing Examination (MBLEX); and
- Any additional information or documentation the Board may deem necessary to consider the application for licensure, and
- Provide/meet the above "General Requirements" noted above.

(2). IF APPLYING BY ENDORSEMENT:

(For Example: Individuals who hold a current, active license to practice as a "massage therapist" in another state or jurisdiction)

- Official verification of current licensure as a massage therapist in another jurisdiction, state or territory of the United States or foreign country. The standards for licensure of another jurisdiction, state or territory of the United States or foreign country must be equal to or exceed the Georgia Board's requirements for licensure;
- Applicant must meet licensure requirements of their current state, indicating on the application they have successfully passed a Board recognized approved National Examination and completed a minimum of 500 hours from a massage therapy program.
- Any additional information or documentation the Board may deem necessary to consider the application for licensure, and
- Provide/meet the above "General Requirements" noted above.

FOR BOARD USE ONLY
 Amount Submitted _____
 Date _____
 Receipt # _____



FOR BOARD USE ONLY
 Certificate Number _____
 Date Issued _____
 Applicant No. _____

GEORGIA BOARD OF MASSAGE THERAPY
 Post Office Box 13446 * Macon, Georgia 31208
 (478)207-2440
www.sos.state.ga.us/plb/massage

APPLICATION FOR LICENSURE

Application Fee: \$125 – Non-Refundable

(Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to O.C.G.A. § 16-9-20.)

Applying By: APPLICATION _____ ENDORSEMENT _____
 (Please check only one)

PART 1: PERSONAL INFORMATION

1. NAME

LAST FIRST MIDDLE MAIDEN

2. NAME (as shown on documentation or transcripts if different):

LAST FIRST MIDDLE MAIDEN

3. SOCIAL SECURITY # _____ **DATE OF BIRTH** M M - D D - Y Y Y Y

(THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE AND FEDERAL AGENCIES PURSUANT TO O.C.G.A. §§ 19-11-1 & 20-3-295, U.S.C.A §§ 551, 20 & 1001)

(APPLICANTS MUST BE 18 YEARS OF AGE OR OLDER AT TIME OF APPLICATION)

4. PHYSICAL ADDRESS

HOME ADDRESS (P.O. BOX, NOT ACCEPTABLE) APT #

CITY STATE ZIP

If you are granted a license, your name, mailing address and license number are public information and your mailing address will appear on the internet. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change.

5. MAILING ADDRESS

MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS) APT #

CITY STATE ZIP

6. DAYTIME PHONE _____ **OTHER PHONE** _____

7. E-MAIL ADDRESS: _____

8. UNITED STATES CITIZEN? _____ I am a United States Citizen

_____ I am not a United States Citizen but am a qualified alien under the Federal Immigration and Naturalization Act and I am lawfully present in the United States. Applicant must provide verification of qualified alien status; see page 13 for acceptable documents verifying authorization to lawfully be present in the United States.

PART 2: MASSAGE THERAPY EDUCATION INFORMATION

9. WHAT CITY AND STATE DID YOU ATTEND HIGH SCHOOL? _____

NAME OF HIGH SCHOOL _____

Did you graduate? YES NO Give the date of graduation _____
Circle how many years were completed. 1 2 3 4 5 6

If you did not graduate from high school, do you have a GED or other high school equivalency certificate? NO
 YES, Give date of completion _____

* NOTE: A copy of High School Diploma, GED or Certificate may be requested as evidence of completion.

10. NAME/ADDRESS OF MASSAGE THERAPY EDUCATION PROGRAM:

Address of School City State Zip

Did you graduate? YES NO

a. Dates Attended: _____ b. Graduation Date: _____ c. Diploma or Certificate: _____

* NOTE: If applying by Application, an Official Transcript from school of study showing date of completion and degree awarded must be mailed directly to Georgia Board of Massage Therapy or to the applicant in a sealed envelope. Copies of certificates/diplomas are not accepted. Original Transcript must be received in original, sealed envelope.

PART 3: PROFESSIONAL LICENSURE/CERTIFICATIONS

Are you licensed to practice as a Massage Therapist in any other state(s)? () Yes () No
Were you licensed as a Massage Therapist by a grandfathering period? () Yes () No

11. LIST STATE(S) OF LICENSURE AS A MASSAGE THERAPIST (Include additional sheets if necessary)

State Originally Licensed	_____	License No.	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other State License	_____	License No.	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other State License	_____	License No.	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other State License	_____	License No.	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

* NOTE: Verification of licensure from other state or jurisdiction must be verified to Georgia Board of Massage Therapy. You must contact the state agency and have an original verification of licensure mailed directly to the Board, or to the applicant, with the state's seal. Please contact state agency for fees and processing time. Copy of licensure card is not accepted as verification of license. The Georgia Board requires all applicants to meet licensure requirements for state of Georgia; therefore, any applicant who was licensed during a grandfathering period must meet the current requirements for licensure.

Do you hold a license or certification with any other profession? () Yes () No

12. LIST OTHER PROFESSIONAL LICENSE(S) OR CERTIFICATION(S) YOU HAVE EVER HELD*:

Type	_____	Number	_____	State	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Type	_____	Number	_____	State	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Type	_____	Number	_____	State	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

* NOTE: The Board does not require license/certification (#12) listed above to be verified. You may provide copies of your licensure card or certificate if you choose to do so. However, if you have had any disciplinary action taken against your license or certification, please provide the Board with final disposition of action.

PART 4: NATIONAL CERTIFICATION

National Certification Board for Therapeutic Massage and Bodywork

13. HAVE YOU SUCCESSFULLY PASSED THE NCBTMB, "NATIONAL CERTIFICATION EXAM FOR THERAPEUTIC MASSAGE" (NCETM,) OR, "NATIONAL CERTIFICATION EXAM FOR THERAPEUTIC MASSAGE AND BODYWORK" (NCETMB)?

YES NO IF YES, PLEASE INDICATE TESTING DATE: _____

14. ARE YOU A RECENT GRADUATE WHO PLANS TO TAKE AN NCBTMB CERTIFICATION EXAM? YES NO

INDICATE DATE YOU PLAN TO TAKE THE CERTIFICATION EXAM: _____
MONTH/YEAR

Federation of State Massage Therapy Boards

15. HAVE YOU SUCCESSFULLY PASSED THE MBLEX, "MASSAGE AND BODYWORK LICENSING EXAMINATION?"

YES NO IF YES, PLEASE INDICATE TESTING DATE: _____

16. ARE YOU A RECENT GRADUATE WHO PLANS TO TAKE AN NCBTMB CERTIFICATION EXAM? YES NO

INDICATE DATE YOU PLAN TO TAKE THE CERTIFICATION EXAM: _____
MONTH/YEAR

*NOTE: Official verification from NCBTMB or FSMTB showing date and passing score must be provided to the Board. Contact NCBTMB or FSMTB for verification to be provided electronically or mailed directly to the Georgia Board of Massage Therapy, 237 Coliseum Drive, Macon, Georgia 31217-3858. Originals accepted only.

NOTE: CERTIFICATION BY NCBTMB OR FSMTB IS NOT A LICENSE TO PRACTICE MASSAGE THERAPY IN THE STATE OF GEORGIA. YOU MUST OBTAIN A PROFESSIONAL MASSAGE THERAPY LICENSE FROM THE GEORGIA BOARD OF MASSAGE THERAPY TO PRACTICE IN GEORGIA.

PART 5: REFERENCES

*NOTE: Three (3) References: Two (2) references from practicing massage therapists, other licensed professionals or instructors from a massage therapy program and one (1) personal reference (excluding immediate family). All references must have known the applicant for two (2) years; however, for applicants who have graduated from a massage therapy program within one (1) year of the date of their application, the professional references must have known the applicant for only a minimum of six (6) months. The reference form will not be accepted if Section II of the form is completed by the applicant, individuals completing the reference form must have the form notarized by a notary public.

Please provide the names of your three references below and submit the completed reference form(s) on pages 9, 10 & 11.

17. NAMES OF THE THREE REFERENCES YOU WILL SUBMIT:

1. Professional Reference: _____ Profession: _____
2. Professional Reference: _____ Profession: _____
3. Personal Reference: _____

PART 6: EMPLOYMENT

18. ARE YOU CURRENTLY WORKING AS A MASSAGE THERAPIST?

- YES
 NO – If no, indicate last date of employment: _____

19. (PROVIDE LAST THREE PLACES OF EMPLOYMENT, LISTING THE MOST RECENT EMPLOYER FIRST):
**** Please indicate your employment information on the application. The V.O.E. form will not be accepted if the employer is not listed on the application.**

MT Practice (yes or no)	Place of practice: Name of Agency, city, state	Job Title/Responsibilities	Dates of Employment:
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

* NOTE: Submit the Verification of Employment form (page 8) to your most recent Employer to verify practice/employment as a paid Massage Therapist. Section II of the Verification of Employment form must be completed by your employer. The form will not be accepted if completed by the applicant. The form must be mailed directly to the Board by the employer, not the applicant.

PART 7: BACKGROUND INFORMATION

If you answer yes to the following question, you must attach a detailed letter of explanation, and copy of court's final disposition of action taken by the court. You are expected to read this question carefully and completely and to provide updated information for any changes. You will be asked to certify under oath that the answer is true and correct. Failure to answer this question truthfully and correctly may be grounds for denial of your application or other disciplinary action against you. The Board must review the letter of explanation and any supporting documents, your application will not be considered complete until the information is received.

20. YES NO | HAVE YOU EVER BEEN ARRESTED, CONVICTED, SENTENCED, PLED GUILTY, OR NOLO CONTENDERE OR BEEN GIVEN FIRST OFFENDER STATUS FOR ANY FELONY, MISDEMEANOR OR ANY OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? (DUI AND DWI ARE NOT MINOR TRAFFIC VIOLATIONS.) If yes, please provide a complete explanation of each offense and provide certified copies of the final court disposition. (Note: You must respond, "yes" if you pleaded and completed probation as a First Offender.)

If you answered "yes" to any of the questions below, you must submit a detailed letter of explanation and request that the licensing board or agency send you a certified copy of the action(s) taken against your license or certification with relevant supporting documents directly back to you. Submit these and all/any other documents with your application. Your application must be reviewed by the Board and will not be considered complete until the information is received.

21. YES NO | HAS ANY OTHER LICENSING BOARD OR AGENCY IN GEORGIA OR ANY OTHER STATE EVER:
 A. YES NO DENIED YOUR LICENSE APPLICATION, RENEWAL, OR REINSTATEMENT?
 B. YES NO REVOKED, SUSPENDED, RESTRICTED, OR PROBATED YOUR LICENSE?
 C. YES NO REPRIMANDED, FINED, DISCIPLINED, REQUESTED OR ACCEPTED SURRENDER OF YOUR LICENSE?

PLEASE SEPARATE THIS FORM, GIVE TO YOUR MOST RECENT EMPLOYER TO COMPLETE, AND ASK THE EMPLOYER TO MAIL THIS FORM DIRECTLY TO THE BOARD AT: GEORGIA BOARD OF MASSAGE THERAPY, 237 COLISEUM DRIVE, MACON, GEORGIA 31217-3858 (DO NOT MAIL THIS FORM TO THE P.O. BOX ADDRESS)

GEORGIA BOARD OF MASSAGE THERAPY

VERIFICATION OF EMPLOYMENT

Instructions:

1. Applicant: complete Section I and sign.
2. Submit this form to your most recent employer (Personnel Director, Human Resources Department) who can provide verification of your practice as a massage therapist.

Section I (To be completed by applicant)

Printed Name of Applicant: _____
Last First Middle Maiden

Applicants Address: _____
Street City State Zip Code

RELEASE: I do hereby consent to and authorize the release of any and all records and information concerning my employment as a Massage Therapist to the Georgia Board of Massage Therapy. I understand this information is required as part of the application for licensure process

Signature of Applicant: _____

Applicant Phone Number(s): _____

APPLICANT – DO NOT WRITE BELOW THIS LINE:

Section II (To be completed by person verifying employment)

Instructions:

1. Complete Section II of this form.
2. Massage Therapy employment must have been for compensation.
3. Mail the form directly to Board office. **Do not give to applicant.** Mail to: Ga. Board of MT, 237 Coliseum Drive, Macon, Georgia 31217-3858

1. Name of Business: _____ Phone Number: _____

2. Physical Address of Location: _____
(City/State/Zip Code)

3. Applicant's Position/Title: _____ 4. Employment Dates: From: _____ To: _____

5. Physical Location of practice (mobile, contract, or same as above): _____

6. Printed name and title of person verifying employment: _____
(Name) (Title)

Sworn to and subscribed before me this

_____ day of _____, 20____

Signature of Employer/Person completing this form

(Notary Seal)
Notary Public Signature

My commission expires: _____

PLEASE SEPARATE THIS FORM, GIVE TO YOUR PROFESSIONAL REFERENCE TO COMPLETE, AND ASK THE REFERENCE TO MAIL/RETURN THIS FORM DIRECTLY BACK TO YOU FOR SUBMISSION WITH YOUR APPLICATION AND OTHER SUPPORTING DOCUMENTS:

GEORGIA BOARD OF MASSAGE THERAPY
PROFESSIONAL REFERENCE - I

APPLICANT: All references must have known the applicant for two (2) years; however, for applicants who have graduated from a massage therapy program within one (1) year of the date of their application, the professional references must have known the applicant for only a minimum of six (6) months.

Section I (To be completed by applicant)

Printed Name of Applicant: _____
Last First Middle Maiden

APPLICANT – DO NOT WRITE BELOW THIS LINE:

Section II (To be completed by person providing professional reference)

Individuals completing the reference forms must have the form notarized by a notary public

1. Professional Reference Name: _____ Telephone #: _____

2. Address: _____
(Street City State Zip)

3. Please check **ONLY** one: (Provide license number/expiration date below)

Massage Therapist: ____

License # _____ Expiration Date: _____ State: _____

Other Licensed Professional: ____ Profession: _____

License # _____ Expiration Date: _____ State: _____

Instructor: ____ Name of College/University: _____

License # _____ Expiration Date: _____ State: _____

4. How long have you known the applicant named above: ____ Years ____ Months

STATEMENT FOR MASSAGE THERAPY APPLICANT:

Professional Reference, Please complete only one of the following statements:

____ Under penalty of perjury, I declare and attest that I have direct and actual knowledge of (print applicant name) _____
_____ (hereinafter, applicant) and that I have known the applicant at least two (2) years, or six (6) months
if applicable, prior to date of this application and find the applicant to be honest, have integrity and be of good moral character.

OR:

____ I am unable to submit a reference for _____ (print applicant name)

Sworn to and subscribed before me this

____ day of _____, 20____

Signature of Person completing this form

Notary Public Signature (Notary Seal)

My commission expires: _____

PLEASE SEPARATE THIS FORM. GIVE TO YOUR PROFESSIONAL REFERENCE TO COMPLETE, AND ASK THE REFERENCE TO MAIL/RETURN THIS FORM DIRECTLY BACK TO YOU FOR SUBMISSION WITH YOUR APPLICATION AND OTHER SUPPORTING DOCUMENTS:

GEORGIA BOARD OF MASSAGE THERAPY
PROFESSIONAL REFERENCE - II

APPLICANT: All references must have known the applicant for two (2) years; however, for applicants who have graduated from a massage therapy program within one (1) year of the date of their application, the professional references must have known the applicant for only a minimum of six (6) months.

Section I (To be completed by applicant)

Printed Name of Applicant: _____
Last First Middle Maiden

APPLICANT – DO NOT WRITE BELOW THIS LINE:

Section II (To be completed by person providing professional reference)

Individuals completing the reference forms must have the form notarized by a notary public

1. Professional Reference Name: _____ Telephone #: _____

2. Address: _____
(Street City State Zip)

3. Please check **ONLY** one: (Provide license number/expiration date below)

Massage Therapist: ____

License # _____ Expiration Date: _____ State: _____

Other Licensed Professional: ____ Profession: _____

License # _____ Expiration Date: _____ State: _____

Instructor: ____ Name of College/University: _____

License # _____ Expiration Date: _____ State: _____

4. How long have you known the applicant named above: ____ Years ____ Months

STATEMENT FOR MASSAGE THERAPY APPLICANT:

Professional Reference, Please complete only one of the following statements:

____ Under penalty of perjury, I declare and attest that I have direct and actual knowledge of (print applicant name) _____
_____ (hereinafter, applicant) and that I have known the applicant at least two (2) years, or six (6) months
if applicable, prior to date of this application and find the applicant to be honest, have integrity and be of good moral character.

OR:

____ I am unable to submit a reference for _____ (print applicant name)

Sworn to and subscribed before me this

____ day of _____, 20____

Signature of Person completing this form

(Notary Seal)

Notary Public Signature

My commission expires: _____

PLEASE SEPARATE THIS FORM, GIVE TO YOUR PERSONAL REFERENCE TO COMPLETE, AND ASK THE REFERENCE TO MAIL/RETURN THIS FORM DIRECTLY BACK TO YOU FOR SUBMISSION WITH YOUR APPLICATION AND OTHER SUPPORTING DOCUMENTS:

GEORGIA BOARD OF MASSAGE THERAPY
PERSONAL REFERENCE

APPLICANT: Please have a **NON-RELATED INDIVIDUAL** complete this form. Individual completing this form does not have to be a massage therapist or instructor.

Section I (To be completed by applicant)

Printed Name of Applicant: _____ (hereinafter, applicant),
Last First Middle Maiden

APPLICANT – DO NOT WRITE BELOW THIS LINE:

Section II (To be completed by person providing personal reference)

Individuals completing the reference forms must have the form notarized by a notary public.

1. Personal Reference Name: _____ Telephone Number: _____
2. Address: _____ City/State/Zip: _____
3. How long have you known the applicant named above: _____ Years _____ Months
4. Do you hold any type professional license? ____ Yes ____ No What profession? _____

STATEMENT FOR MASSAGE THERAPY APPLICANT:

Personal Reference, Please check only one of the following statements:

____ Under penalty of perjury, I declare and attest that I have direct and actual knowledge of _____
(print name of applicant)
(hereinafter, applicant) and that I have known the applicant at least two (2) years prior to date of this application and find the applicant to be honest, have integrity and be of good moral character.

OR:

____ I am unable to submit a reference for _____ (print applicant name)

Sworn to and subscribed before me this

____ day of _____, 20____

Signature of Person completing this form

(Notary Seal)
Notary Public Signature

My commission expires: _____



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
GEORGIA BOARD OF MASSAGE THERAPY
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440**

CONSENT FORM

I authorize the **Georgia Board of Massage Therapy** to conduct a background investigation of me to determine my suitability for licensure. I give my consent for full and complete disclosure of all records and information concerning myself to the Board, their authorized representatives, or any other persons deemed necessary by the Board in determining my suitability, whether such records and information are of a public, private, or confidential nature, to include criminal history records. This authorization will remain in effect for the duration of my active licensure status with this state or until cancelled by me in writing.

Applicant's Full Name (Printed)

Physical Address (P.O. Boxes **NOT** Accepted)

Sex

Race

Date of Birth

Social Security Number

Place of Birth (City/State): _____

Aliases or Maiden Name: _____

(Signature of Applicant)

(Date)

**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
GEORGIA BOARD OF MASSAGE THERAPY**

P.O. Box 13446
Macon, Georgia 31208
(478) 207-2440

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS
Complete this form only if you are not U.S. Citizen

Please complete this form and attach a copy of your documentation.

Please check below:

Alien Lawfully Admitted for Permanent Residence:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- _____ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

Asylee:

- _____ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "27a.12(a) (5)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A5"
- _____ - Grant letter from the asylum office of INS
- _____ - Order of an immigration judge granting asylum

Refugee:

- _____ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A3"
- _____ - INS Form I-571 (Refugee Travel Document)

Alien Paroled Into the U.S. for at Least One Year:

- _____ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

Alien Whose Deportation or Removal Was Withheld:

- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A10"
- _____ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

Alien Granted Conditional Entry:

- _____ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A3"

Cuban/Haitian Entrant:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- _____ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- _____ - INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- _____ - INS petition and appropriate supporting documentation

APPLICATION CHECKLIST

- 1. Have you completed all questions on the application?**
- 2. Have you requested all your references complete the appropriate form?**
- 3. Have you provided all official verification(s) or documentation requested in the application?**
- 4. Have you enclosed your fee?**
- 5. Have you signed the affidavit in the presence of a notary public with notarization of the application?**
- 6. Have you signed the Personal Inquiry Waiver-Authorization to Release Information form?**

THE BOARD MAY REQUEST ADDITIONAL VERIFICATION OF ANY REQUIREMENTS OR CREDENTIALS, AS IT MAY DEEM NECESSARY.

**IF YOU HAVE AN ADDRESS CHANGE PLEASE CONTACT THE BOARD OFFICE IN WRITING OR FAX YOUR ADDRESS CHANGE TO
866-888-7127**

THE GENERAL TIME PERIOD FOR PROCESSING “COMPLETE” APPLICATIONS IS 15-20 BUSINESS DAYS FROM THE DATE THE APPLICATION IS RECEIVED AND ENTERED INTO THE SYSTEM. A COMPLETE APPLICATION INCLUDES ALL REQUIRED SUPPORTING DOCUMENTS. APPLICATIONS MAY BE REQUIRED TO BE PRESENTED TO THE BOARD FOR FINAL APPROVAL

THE BOARD AT THIS TIME DOES NOT ISSUE PROVISIONAL LICENSES OR TEMPORARY PERMITS

PLEASE NOTE: INCOMPLETE APPLICATIONS MAY DELAY THE PROCESSING TIME.