

# STATE OF MAINE

## **MESSAGE THERAPY**

### ***APPLICATION FOR LICENSURE AS A MESSAGE THERAPIST***



Department of Professional and Financial Regulation

Office of Licensing and Registration

35 State House Station

Augusta, ME 04333-0035

Office Telephone: (207) 624-8612  
TTY/HEARING IMPAIRED (207) 624-8563  
FAX (207) 624-8637

Office located at: 122 Northern Avenue, Gardiner, Maine

E-Mail: [michelle.m.lovering@state.me.us](mailto:michelle.m.lovering@state.me.us)

## **APPLICATION INSTRUCTIONS FOR LICENSURE AS A MASSAGE THERAPIST**

Please read all the information carefully. If you have any questions, you can contact the Massage Therapy office at (207) 624-8612 or 624-8611. You may also contact the Massage Therapy office by email at: [michelle.m.lovering@state.me.us](mailto:michelle.m.lovering@state.me.us) or [emma.w.brann@state.me.us](mailto:emma.w.brann@state.me.us)

### **FURNISHED TO APPLICANT:**

1. Licensing law for Massage Therapists
2. Licensing rules for Massage Therapists
3. Application Instructions for Licensure as a Massage Therapist
4. Application for Licensure
5. Criminal History Records Check Memo
6. Criminal History Records Check Form
7. Authorization of Credit Card Payment

### **TO BE ELIGIBLE FOR A LICENSE IN MASSAGE THERAPY, APPLICANTS HAVE TWO (2) OPTIONS FOR LICENSURE:**

**OPTION 1:            Currently applicants for a massage therapist license must submit the following:**

- ⇒ A completed application;
- ⇒ Payment of a \$25.00 non-refundable application fee and a \$100.00 non-refundable initial license fee for a total of \$125.00. Please make your check payable to: Maine State Treasurer;
- ⇒ A signed 5" X 3" photograph;
- ⇒ Documentation of a high school diploma or its equivalent;
- ⇒ A transcript demonstrating completion of a minimum of 500 supervised clock hours of classroom and clinical instruction. The program curriculum must include the following:
  - Human Anatomy, Physiology, and Pathology (120 hours minimum);
  - Massage Therapy Theory, Technique, and Practice which includes, but is not limited to the following: Gliding Strokes; Kneading; Direct Pressure, Deep Friction; Superficial Warming Techniques; Percussion; Compression (pumping); Vibration; Jostling; Shaking; and Rocking;
  - Contraindications, benefits, universal precautions, body mechanics, business history, ethics, and legalities of massage and professional standards regarding draping and modesty; and
  - A minimum of 100 hours of supervised hands-on practice.
- ⇒ Documentation of a current CPR course;
- ⇒ Documentation of a current First Aid course;
- ⇒ A completed criminal history records check (SBI) form; and
- ⇒ Payment of a separate \$8.00 fee for a criminal records (SBI) check. Please make your check payable to: Maine State Treasurer.

**OPTION 2: Currently applicants for a massage therapist license must submit the following:**

- ⇒ A completed application;
- ⇒ Payment of a \$25.00 non-refundable application fee and a \$100.00 non-refundable initial license fee for a total of \$125.00. Please make your check payable to: Maine State Treasurer;
- ⇒ A signed 5" X 3" photograph;
- ⇒ Documentation of a high school diploma or its equivalent;
- ⇒ Documentation of passage of the National Certification Examination for Therapeutic Massage and Bodywork administered by the Psychological Corporation;
- ⇒ Documentation of a current CPR course;
- ⇒ Documentation of a current First Aid course;
- ⇒ A completed criminal history records check (SBI) form; and
- ⇒ Payment of a separate \$8.00 fee for a criminal records (SBI) check. Please make your check payable to: Maine State Treasurer.

**APPLICATION PROCEDURE:**

- All incomplete applications will be returned with a letter stating what the application is lacking for completeness.
  - **Please send completed application and supporting documentation to:**

Department of Professional and Financial Regulation  
Office of Licensing and Registration  
MESSAGE THERAPY  
35 State House Station  
Augusta, ME 04333-0035



STATE OF MAINE  
 DEPARTMENT OF PROFESSIONAL  
 AND FINANCIAL REGULATION  
**Massage Therapy**  
 35 STATE HOUSE STATION  
 AUGUSTA, MAINE  
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 (207) 624-8563 (TTY/HEARING IMPAIRED)

ANGUS S. KING, JR.  
 GOVERNOR

ANNE L. HEAD  
 DIRECTOR

**APPLICATION FOR LICENSURE AS A MASSAGE THERAPIST**

*The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section 405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.*

Name			
Mailing Address			
City	County	State	Zip Code
Telephone Number	Social Security Number	Date of Birth	
Legal Address			
City	County	State	Zip Code

**1. Please answer the following questions:**

Have you ever been convicted by any court for any offense other than a minor traffic violation?  Yes\*  No

Have any of your occupational licenses, registrations or certifications ever been revoked or suspended in this or any other state?  Yes\*  No

\*If you answered "yes" to either of the above questions, please list date(s) of suspension or revocation, type of license, registration or certification and state where occurred on a separate sheet of paper.

States currently and/or previously licensed/registered: \_\_\_\_\_

**2. All fees are non-refundable. Please refer to the application instructions for appropriate fees.**

By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license issued by the Department. I further authorized all law enforcement agencies and official thereto to release to the Department any and all criminal history record information pertaining to myself.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_



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TO: PROSPECTIVE APPLICANT  
**FROM: OFFICE OF LICENSING & REGISTRATION**  
 RE: CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Attached is a form addressed to the Maine Department of Public Safety, Bureau of Identification. Please complete the applicant information section of the enclosed form and send it to the appropriate licensing board with your completed application and supporting documentation as may be necessary. **Do not send the request directly to the Department of Public Safety.**

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identifications to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.

You must provide a separate check in the amount of \$8.00, made payable to Maine State Treasurer, as payment for your criminal history record check in addition to the licensing fees presently required. Please note that the criminal history record will be returned to the licensing board, not the applicant.

Please contact the board clerk at the number below if you have questions or need assistance.

**Michelle Lovering**  
**(207) 624-8612**



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OFFICE PHONE: (207)624-8612

FAX: (207)624-8637

OFFICES LOCATED AT: 122 NORTHERN AVENUE,  
 GARDINER, MAINE



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PLEASE RETURN THIS FORM ALONG WITH YOUR APPLICATION TO THE ADDRESS ABOVE

*Pursuant to 25 M.R.S.A. §1541, sub-§6, The State Bureau of Identifications may charge a fee for all criminal history record check for the following individual. Enclosed is the required \$8.00 fee.*

**APPLICANT INFORMATION**

Name: _____		
Last	First	Middle
Address: _____		
Social Security/Federal I.D. #: _____		Date of Birth: _____
Any other names used: _____		

Please return the criminal history record information or a notice of no record to the following:

**REQUESTING AGENCY INFORMATION**

**(Office Use Only)**

Date: _____	Contact Person: <b>Michelle Lovering</b>
Agency Name & Address:	<b>Office of Licensing and Registration        Massage Therapy        35 State House Station        Augusta, Maine 04333-0035</b>

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**AUTHORIZATION OF CREDIT CARD PAYMENT**

**Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.**

<b>Name:</b> (applicant fees being paid for)		
<b>Mailing Address:</b> (applicant fees being paid for)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>		<b>Telephone #:</b> (____) _____ - _____
<b>Name of cardholder:</b> (if other than applicant)		
<b>Mailing Address:</b> (if other than applicant)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

**I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:**

Visa     MasterCard \_\_\_\_\_ **Card number**

**Expiration date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **in the amount of: \$** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

OFFICE PHONE: (207)624-8612



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