

**IDAHO STATE BOARD OF MASSAGE THERAPY**  
**Idaho Bureau of Occupational Licenses**  
**700 West State Street, PO Box 83720**  
**Boise, Idaho 83720-0063**  
**Phone: 208-334-3233, Fax: 208-334-3945**  
**E-mail: [mas@ibol.idaho.gov](mailto:mas@ibol.idaho.gov), Web: [www.ibol.idaho.gov](http://www.ibol.idaho.gov)**

### **APPLICATION INSTRUCTIONS**

**NOTE: ON OR AFTER JULY 1, 2013, IT IS UNLAWFUL TO PRACTICE MASSAGE THERAPY WITHOUT A VALID STATE LICENSE.**

- All applications must be complete. Incomplete applications will not be reviewed by the Board.
- The application fees are **not refundable** and will be applied to the action requested through this application only. Send your application and fees to the address listed above with a check or money order made out to IBOL. Applications with credit cards and exact cash can be taken in person at the Bureau's Office. All returned checks are subject to a \$20 fee.
- Qualifying education and training will be based entirely on completeness and accuracy of information in this application. Supplemental sheets may be attached if necessary with further details regarding your education and training.

**\$50 application fee**  
**\$75 initial license fee**  
**Total: \$125**

**Endorsement Applicants: This method is for those who have been licensed in another state with requirements substantially similar to Idaho's. Those seeking licensure for the first time should fill out the exam application. Idaho Code §54-4010. A person shall be eligible to be licensed as a massage therapist if the person provides the following:**

- The completed and notarized endorsement application with the appropriate fees attached;
- Proof of being eighteen (18) years of age or older (Please attach a copy of birth certificate, passport, military ID, or valid driver's license. **If the name on your application does not match the proof of age document, please provide proof of the name change as well**);
- Proof of being licensed or certified and in good standing in another state with substantially **equivalent requirements to those in Idaho. Certification of licensure must be sent directly from the state where you are licensed, a copy of your license will not meet this requirement. (Please also provide a copy of the education and experience requirements sections of licensure laws and rules for that state.)**

**Endorsement applicants from Washington, Florida, Colorado, and Utah must include a transcript for the Board to review. Others may also be asked to provide a transcript as part of the application. California applicants do not qualify for endorsement and must fill out the application entitled, "Massage Therapist Application Examination."**

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**ENDORSEMENT APPLICATION**

Please complete this form by providing the requested information. Your signature must be notarized and the \$125 total fee must be attached. Submit the completed form to the address noted above. All requested information must be provided and all questions must be answered for the application to be considered.

I hereby make application for a license to practice as a Massage Therapist under the provisions of Title 54, chapter 40, Idaho Code:

**1. Full Name** (Mr., Mrs., or Ms.) \_\_\_\_\_

**2. Address of Record** \_\_\_\_\_  
(The above address is public record)      Street/PO Box      City      State      Zip

**3. Mailing Address** \_\_\_\_\_  
(Will be used as address of record if none provided above)      Street/PO Box      City      State      Zip

**4. Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Place of Birth** \_\_\_\_\_ **Social Security No.** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Proof of age in the form of a copy of birth certificate, passport, military ID, or valid driver's license must be attached.)

**5. Business phone** (\_\_\_\_) \_\_\_\_\_ **Cell** (\_\_\_\_) \_\_\_\_\_ **E-mail** \_\_\_\_\_  
(This number is public record)

**7. Have you been licensed as a Massage Therapist in another state, territory or locality?**       Yes     No  
If Yes, please list any other states, territories or localities where you have held a Massage Therapy license in the past 10 years and indicate whether or not the license is current. Please attach a copy of the Massage licensure law and rule for that state.

\_\_\_\_\_  
(Certification of licensure sent directly from the state(s)/locality where the license is held must be received by the Board from the issuing agency before the application can be processed)

**8. Have you ever been denied registration or licensure by any state, district or regulatory body?**       Yes     No  
(If Yes, please explain what occurred and provide any documents relevant to the denial.)

**9. Have you ever had any license or other authority to practice disciplined or otherwise sanctioned?**       Yes     No  
(If Yes, a copy of the charges and the final order must be attached and received by the Board before your application will be processed.)

**10. Have you ever had a conviction, finding of guilt, withheld judgment, or suspended sentence for a felony or crime involving moral turpitude, or any crime under any municipal, state, or federal narcotic or controlled substance law, or been subject to discipline in another state, territory or country (see Idaho Code §54-4013(3) and Rule 306)?**       Yes     No  
(If Yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be attached and received by the Board before your application will be processed.)

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the

(continued on next page)

Page 1 of 2

Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

\_\_\_\_\_  
Signature of applicant

This box is for notary use only. All applications must be signed and notarized to be complete.

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public official signature

My commission expires \_\_\_\_\_