

IDAHO STATE BOARD OF MASSAGE THERAPY
Idaho Bureau of Occupational Licenses
700 West State Street, Boise ID 83702 or
PO Box 83720 Boise, Idaho 83720-0063
Phone: (208) 334-3233 Fax: (208) 334-3945
Website: www.ibol.idaho.gov E-mail: mas@ibol.idaho.gov

EXAM APPLICATION INSTRUCTIONS

- All applications must be complete. Incomplete applications will not be reviewed by the Board. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122.
- 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.
- You must be licensed to practice.

\$50 application fee
\$65 initial license fee
Total: \$115

If applying for a provisional permit, which will allow you to work under supervision for 6 months from the time you receive the permit to the time your exam is taken and your application is approved, please include an additional \$25 fee and complete pages 3 and 4 of this application. NOTE: Provisional permit holders must meet all the requirements for licensure except having passed the national examination and only practice under supervision of a licensed massage therapist..

For those who have completed all of the requirements for license and wish to apply for a temporary license to allow you to work for a maximum of 4 months or until the Board acts upon your application, whichever occurs first, please include an additional \$25 fee.

Examination Applicants: This method is for those who are new licensees. Those who are licensed in another state with requirements substantially similar to Idaho should fill out the endorsement application. A person shall be eligible to be licensed as a massage therapist if the person provides the following:

- The completed and notarized examination application with the appropriate fees attached;
 - Proof of a high school diploma or equivalent;
 - 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.
 - Proof of successfully completing a massage therapy program registered pursuant to [chapter 24, title 33](#), Idaho Code, or a comparable authority in another state that consists of the minimum of five hundred (500) in-class supervised hours of coursework and clinic work; and
 - Proof of successfully passing a nationally recognized competency examination in massage therapy that is approved by the Board.
- The passage of this exam may have occurred prior to July 1, 2012. If you have questions about the exam or which exams are approved, please see the Board Rules on the website.

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application, the waiver of application and renewal fees and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#) and [Idaho Code § 67-2602A](#).

Note: The applicant's signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language "subscribed and sworn" must appear before the applicant's signature. An "acknowledgement" where the notary only verifies the identity of the applicant is not acceptable.

If the name on your application does not match the supporting documents such as proof of age or the transcripts, please provide proof of the name change in the form of a marriage certificate, divorce decree or court order.

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EXAMINATION APPLICATION

Please complete this form by providing the requested information. Your signature must be notarized and the \$115 total fee must be attached (\$140 if requesting a temporary or provisional permit). 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:
 Exam Exam and Provisional Permit Exam and Temporary License

1. Full Name (Mr., Mrs., or Ms.) _____

2. Address of Record _____
 (The above address is a 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** _____
 mm dd yyyy (Proof of age in the form of a copy of birth certificate, passport, military ID, or valid driver's license must be attached.)

5. Social Security No. ____/____/____ **E-mail** _____
 Not a public record; collected by I.C. § 73-122

6. Business Phone (_____) _____ **Cell Phone** (_____) _____
 (This number is a public record.)

7. Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?
 (To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.) Yes No

8. Have you received a GED or graduated from a high school or an accredited college or university? Yes No
 (If yes, please submit a copy of one of the following: your high school transcripts, diploma/GED, or college transcripts/diploma as proof.)

9. Did you graduate from an approved massage therapy program as defined by the Board's Rules? Yes No
 (This office must receive official transcripts directly from the program before your application will be processed.)

10. Have you passed a Board-approved examination as defined by the Board's Rules? Yes No
 (If Yes, official scores must be received from the examining entity before the application will be processed.)

11. Have you been licensed as a Massage Therapist in any other state, territory or locality? Yes No
If yes, please list any other states, territories or localities where you have held a Massage Therapy license or certification whether or not the license is current.

 (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.)

12. 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.)

13. 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.)

14. 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? 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:

(print name)

- (1) The responses and information provided in this application and in the attached addendum(s) and documentation submitted with this application 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 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

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature
My Commission Expires _____

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PROVISIONAL PERMIT/SUPERVISOR AFFIDAVIT

INSTRUCTIONS

In accordance with Rule 330, the Board may issue a Provisional Permit if the applicant meets all the requirements for licensure under section 54-4009, Idaho Code except for having successfully passed a nationally recognized competency examination in massage therapy that is approved by the Board as described in subsection 305.01.

NOTE: A Provisional Permit shall be valid only until the person is granted or denied a license. An applicant must have scheduled an examination for licensure, and cannot have failed two (2) previous examinations for licensure. An applicant will be issued only one provisional permit which shall be valid for a period not to exceed six (6) months or until the applicant is issued a temporary license or the board acts upon the massage therapist license application, whichever occurs first. A provisional permit may only be renewed once upon a showing of good cause.

Each person applying for a provisional permit must submit the following:

- a complete, signed and notarized application
- the \$25.00 provisional permit fee
- a complete, signed and notarized supervisor affidavit form

The provisional permit will automatically be upgraded to a license when proof of a passing score on the exam and has been received.

Attached is the required Supervisor Affidavit form that you and the supervising, Idaho licensed massage therapist will need to complete. If you will be under the supervision of more than one therapist, a separate affidavit form is required.

If you have any questions please contact the Bureau at (208) 334-3233 or mas@ibol.idaho.gov.

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PROVISIONAL PERMIT/SUPERVISOR AFFIDAVIT

I am applying for a **provisional permit** to practice as a massage therapist in the state of Idaho.

Applicant's Name: _____ Social Security# _____

Address: _____

I certify that I have scheduled and will take the exam on _____ and I have not failed two previous exams.
Date mm/dd/yyyy

Signature _____ Date _____

State of _____, County of _____, ss.
 Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal) _____
 Notary Public Official Signature
 My Commission Expires _____

SUPERVISOR
 Must hold a current Idaho massage therapist license and must review and complete the Supervisor Affidavit.
 ___ Primary Supervisor ___ Secondary Supervisor
 A form must be submitted for each supervisor and whenever a supervisor changes.

Name _____
(First) (Middle Initial) (Last)

Address _____
(Street) (City) (State) (Zip Code)

(_____) _____ MAS- _____ / _____ / _____
(Telephone) (License No.) (Expiration date)

AFFIDAVIT OF SUPERVISOR
 I understand that a Provisional Permit shall only allow a person to practice massage therapy under my supervision while we are both at the same location.
 I also understand that a Provisional Permit shall be valid only until the person is granted or denied a license; provided however, a provisional Permit shall not be effective for more than six (6) months from the date of issue.

_____ Signature of Supervisor
 Place of Employment _____

State of _____, County of _____, ss.
 Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal) _____
 Notary Public Official Signature
 My Commission Expires _____