



FORM B
VERIFICATION OF LICENSURE

APPLICANT INFORMATION <i>(This Section to be completed by Applicant)</i> In applying for a license as a Massage Therapist in the State of New Mexico, the New Mexico Massage Therapy Board requires this form to be completed by all State/Territory Boards in which I hold or have ever held a license or registration for the practice of Massage Therapy or in another Health Care Field. My signature below is your authorization to release all information in your files, favorable or otherwise, regarding myself.		
APPLICANT'S SIGNATURE		DATE / /
PRINT NAME – LAST	FIRST	INITIAL
MAILING ADDRESS – No. & Street/P. O. Box		
CITY	STATE	ZIP CODE -
DATE OF BIRTH - -	HOME PHONE () -	BUSINESS OR MESSAGE PHONE () -
Have you ever used a different name for school or employment? If Yes, what name(s)?		

(This Section to be completed by licensing/registering Board/Agency)

The applicant named above is being considered for Massage Therapy licensure in the State of New Mexico. To formally and officially verify applicant's massage therapy licensing credentials please complete this form.

This certifies that under the Statutes/Rules required for the State/Territory of:

_____ (Applicant) _____ was issued Licensed/Registered number _____ for the practice of Massage Therapy on ____/____/____. License Expires on ____/____/____.

License/Registration was issued based on:	Examination <input type="checkbox"/>	Credentials* <input type="checkbox"/>	Reciprocity* <input type="checkbox"/>
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*State of: _____

License/Registration is currently:	Active <input type="checkbox"/>	Lapsed <input type="checkbox"/>	Inactive <input type="checkbox"/>
	Suspended** <input type="checkbox"/>	Revoked** <input type="checkbox"/>	Other (Explain) <input type="checkbox"/>

(Please attach a copy of the Findings of Fact and Decision and Order)**

The qualifications for Massage Therapy licensure/registration designated in this state/territory ***at the time the applicant was licensed/registered*** was completion of _____ hours of massage therapy schooling.

At the time of licensure the applicant took and passed the following examinations:

National Certification Examination for Therapeutic Massage and Bodywork (NCETMB)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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State Developed Written Massage Therapy & Bodywork Examination	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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IMPORTANT NOTE to State Board: If this state-developed written examination was accepted in lieu of the NCETMB, then New Mexico requires proof (content outline) that your state exam meets or exceeds the NCETMB exam in content and scope. Please provide that required proof (content outline) as an attachment to this form.

Jurisprudence Examination on State Statute/Rules	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Other (Specify): _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

