Massage Therapy

Reactivation Application

A. To reactivate your massage therapy license, you MUST complete this form and submit it with the appropriate fee(s).
B. You must also submit COPIES of your proofs of completion of continuing education.
C. The reactivation fee plus late penalty fee ($200 total) is payable by check or money order made out to the Massage Therapy (MT) Board.

APPLICANT INFORMATION

Name:
_____

Home Phone # (_____)_____-_____; Work Phone # (_____)_____-_____; Cell Phone # (_____)_____-

E-mail Address:
_____

Employer Name & Address:
_____

City: _____ State: _____ Zip Code: _____ Phone #(_____)_____-_____

☐YES ☐NO
  1) Since initial licensure or last renewal, has any application for massage therapy license or for license renewal been denied approval by another licensing jurisdiction pursuant to a disciplinary proceeding?

☐YES ☐NO
  2) Since initial licensure or last renewal, have you been convicted of an offense punishable by incarceration in a state penitentiary or federal prison?

☐YES ☐NO
  3) Since initial licensure or last renewal, have you had any investigations, employment terminations, or disciplinary action involving the practice and/or training of massage therapy in any state or licensing jurisdiction?

☐YES ☐NO
  4) Since initial licensure or last renewal have you failed to complete the terms of disciplinary finding, agreement, or final order in a licensing jurisdiction by just ignoring or not renewing your license?

☐YES ☐NO
  5) Since initial licensure or last renewal, have you been involved in any civil litigation involving the practice and/or training of massage therapy in any jurisdiction?

☐YES ☐NO
  6) Are you currently more than one month in arrears in court ordered child support payments in New Mexico or any other state?

If your answer to any of the questions from (1) through (6) was YES, explain the circumstances fully on a separate sheet of paper <u>and</u> provide copies of the final judgment(s) and relevant documentation.

<u>CONTINUING EDUCATION RECORD</u>

You must submit COPIES of your education (CE's) as proof of completion <u>in addition</u> to listing them on this form. Once reviewed and approved for renewal they will be destroyed, so you should keep copies for your records. This form will be the only permanent record with the Board of your continuing education activities, which is the reason for listing the CE's on this form.

Date(s) Attended	Course Title	<u>Sponsor or Approval Body</u>	# of CE's
Total Hours Submitted			

➢ Sign the form.
➢ Mail the completed form, applicable fee(s), and the copies of certificates of completion of continuing education to the Board address on this letterhead.

I _____, under penalty of perjury, HEREBY DEPOSE AND STATE, that I am the person described and identified in this application and the information given by me is true and complete to the best of my knowledge and belief. I understand that any information contained in this application may be investigated and any false or dishonest answer to any question in this application may be grounds for denial or revocation of my license.

I further understand I cannot work as Massage Therapist until I have received a license issued by the Regulation and Licensing Department.

Applicant's Signature _____ Date_____