



**IDFPR**  
Illinois Department of  
Financial and Professional Regulation  
Division of Professional Regulation

# **Qualifications for Licensure: Massage Therapist (227)**

**Effective: 09/2025  
Revised: 9/2025**

# READ ME FIRST

The Division of Professional Regulation hopes that you will find the below useful in successfully applying for registration in the State of Illinois. Carefully review this information as it will assist you in applying for your registration and eliminate any processing delays.

## Important:

- An application is active for three years from the date of receipt by the Department.
- Before contacting the Department, please [review our FAQs](#) for answers to most questions.
- If your question is not addressed in our FAQ's or this document, please contact the department at 1-800-560-6420.
- If you do not meet the license qualifications as outlined, then you will not be granted a professional license.
- If you are unable to submit the required supporting documentation for the licensing method that matches your qualifications, then you may not be able to submit an application.
- All fees are non-refundable.
- Verification of fingerprint processing from the Illinois Department of State Police (ISP) taken within the 60 days prior to application is required.
- Any document submitted to the Division in a foreign language must be accompanied by an original, notarized English translation. The translator must be fluent in both English and the foreign language and must certify to the accuracy of the translation.
- After you have submitted your application, all communication regarding your application will be through your email address of record.

## LICENSE QUALIFICATIONS

Please review this section to determine if you are qualified to apply for this profession. Additionally, this section will assist you in determining which application method you should choose.

### Education:

Complete a minimum of 600 clock hours of instruction of a massage therapy curriculum from a massage therapy program that is in accordance with [Section 1284.20](#) of the Administrative Code or a substantially similar massage therapy program from another jurisdiction.

600 clock hours of instruction or its equivalent in credit hours must be supervised classroom and supervised hands-on instruction. For this purpose, "supervised" means the supervisor is physically on-site, qualified and immediately available.

### Acceptance of Examination Method:

An applicant does not hold a license as a Massage Therapist in any jurisdiction of the United States but has completed the minimum education requirements and passed the Massage & Bodywork Licensing Examination (MBLEx) administered by the Federation of State Massage Therapy Boards (FSMTB).

**Endorsement Method:**

An applicant is currently licensed under the laws of another jurisdiction and practicing the profession. The applicant has completed the minimum education requirements and passed the National Certification Board for Therapeutic Massage & Bodywork's (NCBTMB) examination or the Massage & Bodywork Licensing Examination (MBLEx) administered by the Federation of State Massage Therapy Boards (FSMTB).

## REQUIRED SUPPORTING DOCUMENTS

This section details the necessary documentation you will be asked to provide during the application process. Please do not begin an application until you are prepared to submit all documentation.

**Acceptance of Examination Method:**

Submit documentation that the applicant has successfully completed an approved massage therapy program or a substantially similar massage therapy program from another jurisdiction. Documentation may be in the form of official transcripts and/or the [ED-MT](#) form provided by the Division.

Request exam results from the National Certification Board for Therapeutic Massage & Bodywork's (NCBTMB) examination or the Massage & Bodywork Licensing Examination (MBLEx) administered by the Federation of State Massage Therapy Boards (FSMTB) be forwarded to Illinois.

**Endorsement Method:**

Submit documentation that the applicant has successfully completed an approved massage therapy program or a substantially similar massage therapy program from another jurisdiction. Documentation may be in the form of official transcripts and/or the [ED-MT](#) form provided by the Division.

Submit an official certification of licensure from the jurisdiction of original licensure and the state in which the applicant is currently licensed and practicing, if other than the original, stating the time during which the applicant was licensed in that state, whether the file on the applicant contains records of any disciplinary actions taken or pending, and the applicant's license number.

A report of the applicant's examination record forwarded directly from NCBTMB or FSMTB.

### **Fingerprint Processing:**

Applicants shall contact one of the approved vendors for fingerprint processing.

- Verification of electronic fingerprint processing from the Illinois Department of State Police or one of the Illinois State Police approved [vendors](#); or
- Out-of-state residents unable to utilize the Illinois State Police electronic fingerprint process may submit to one of the Illinois State Police approved vendors one fingerprint card issued by the Illinois State Police.

### **Personal History Information:**

Applicants will be asked a series of personal history questions. If answering *yes* to any of these questions, the applicant will be required to submit appropriate supporting documents in response to the questions. If answering *no*, no additional submission is required.

- Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Have you been convicted of a felony? Applicants will not be asked to give details on minor traffic charges but to include information relating to Driving While Under the Influence (DUI) charges.
  - Submit a personal statement describing the circumstances of the conviction; and
  - certified copies of court records of your conviction including;
    - the nature of the offense(s);
    - date(s) of discharge from incarceration, if applicable; and
    - a statement from the respective probation or parole office, if applicable.
- Have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board?
  - Submit a copy of the certificate of relief.
- Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition?
  - Submit a detailed statement including an explanation of whether you are currently under treatment; and
  - a statement from your healthcare provider.
- Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere?
  - Submit a detailed explanation and all official records.
- Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position, or any other public employment?
  - Submit all official records relating to the discharge.

### **Abnormal Skin Growth Education:**

All applicants who submit an application for original licensure on or after January 1, 2026, must submit proof of completion of a course approved by the Department in abnormal skin growth education, including training on identifying melanoma.

The Department approves the program "Skinny on Skin" by Impact Melanoma, Inc., as an online course that fulfills the abnormal skin growth education requirement to be completed by new applicants for original licensure.

This program can be completed on [Impact Melanoma's](#) website. A certificate of completion is provided at the end of the program, that certificate should be provided to the Department with the licensee's application.

### **Other Supporting Documents:**

Submit proof of any name change (i.e., marriage license, divorce decree, affidavit, or court order) if the applicant's name is other than that shown on any submitted documents.

## **IMPORTANT INFORMATION ONCE LICENSED**

- All Massage Therapy licenses expire on December 31 of each even-numbered year, regardless of issuance date.
- With the exception of the first renewal of this license, all applicants for renewal of a Massage Therapist license must complete 25 hours of continuing education (CE) during the 2 year period leading up to the expiration of their license.
- It is your responsibility to update your contact information including email address with the Department to ensure that you receive all courtesy renewal email reminders and other notifications.
- An inactive license is a license that has been placed on inactive status by the licensee, usually at renewal time. Typically, if you choose to reactivate your license you do not have to pay lapsed renewal fees if you placed your license on inactive status.
- The Massage Therapy Practice Act (Act) ([225 ILCS 57/](#)) as well as the Rules of the Administrative Code [68 Ill. Adm. Code, Section 1284](#) (Rules) regulating this profession may be amended from time to time. It is the responsibility of a licensee under the Act to be aware of any changes that may affect their profession and make any necessary adjustments to remain in compliance with the Act and Code.
- The Department posts profession specific notices, statements and other information to the [IDFPR](#) website. Schools, educators, students and licensed professionals should visit the [IDFPR](#) website frequently, and their profession specific pages, to stay informed about the latest information and developments.