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# (227) Massage Therapist New Application Checklist

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# General Information

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## Instructions:

1. Before completing the application package, read each step. This will aid you in accurately completing your application and eliminate any delay in processing.
2. Applicant **must be at least 18 years of age** and must be of good moral character in order to apply for a massage therapist license.
3. Applicants may apply to become a Licensed Massage Therapist via the Licensure of Acceptance of Examination method or the Endorsement Method.
  - *Acceptance of Examination:* Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant is generally not licensed in another state.
  - *Endorsement:* Original license issued in another state that state's requirements were substantially equivalent to Illinois requirements at time license was issued. Applicant has taken a National Exam.
4. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any Tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.
5. Applicants have three (3) years from the date of application to complete application process. If the process has not been completed in three (3) years, the applicant is denied, the fee is forfeited, and the applicant must reapply and meet the requirements in effect at the time of reapplication.
6. The Massage Therapist application fee is \$175.00 and is non-refundable.

## Qualifications/Exemptions:

### Massage Therapist License

- An approved curriculum in massage therapy shall consist of a minimum of 600 clock hours of supervised classroom and supervised hands-on instruction, with "supervised" being defined as a supervisor that is physically on-site, qualified and immediately available.
  - Minimum required subject matter and activities
    - Human anatomy, physiology, pathology, and kinesiology
    - Massage therapy theory, technique, and practice
    - Contraindications, benefits, universal precautions, history, client data collection, documentation, ethics, business and legalities of massage, professional standards including draping modesty, therapeutic relationships and communications
  - Each student must maintain a minimum grade of 70% for all massage therapy related course and clinical work.

- All applicants must instruct the Federation of State Massage Therapy Boards (FSMTB) or the National Certification Board for Therapeutic Massage & Bodywork (NCBTMB) to forward an official score report of your examination record directly to the Division of Professional Regulation within the Illinois Department of Financial and Professional Regulation.

## Application Requirements

Licensure Method	Requirements	Submitted:
<p><b>Massage Therapist Acceptance of Examination</b></p>	<ol style="list-style-type: none"> <li>1. Completed online application including all required information <ul style="list-style-type: none"> <li>• Date and Place of Birth</li> <li>• Social Security Number</li> <li>• Temporary Military Permit</li> <li>• Name Change Information</li> <li>• Education Information</li> </ul> </li> <li>2. You must be at least 18 years of age to apply for a Massage Therapist license.</li> <li>3. Proof of passage of an examination must be sent directly from one of the following entities. <ul style="list-style-type: none"> <li>• Massage &amp; &amp; Bodywork Licensing Exam (MBLEx)</li> <li>• National Certification Exam for Therapeutic Massage and Bodywork (NCBTMB) taken before February 2015.</li> </ul> </li> <li>4. Official transcript of grades must be sent directly from the Massage Therapy program/school from which the applicant obtained his or her degree that shows that the applicant has met all Illinois requirements for graduation/completion. Graduates of a foreign program must submit a paper application and an official translation if the transcript is not in English. Please contact 800-560-6420 and request a paper application. The Massage Therapy Board will review all foreign programs and approve/or deny applicant to sit for the MBLEX exam. Transcripts not sent by the program/school will not be accepted.</li> <li>5. Record of Licensure: list all other related or non-related professional licenses held in Illinois or another state(s).</li> <li>6. Fingerprint Information: the fingerprint Transaction Control Number (TCN) from your fingerprint receipt. This number is 16 characters long and can be found on the receipt provided by your fingerprint vendor. Please keep your fingerprint receipt until your license has been issued. The IDFPD may request it if any issues in the fingerprinting process arise.</li> <li>7. Failure to comply with a child support order, defaulting on a student loan, or defaulting on taxes.</li> </ol>	<p>ONLINE PORTAL</p>

	<p>8. Personal History Information (if applicable) including:</p> <ul style="list-style-type: none"><li>• Criminal History</li><li>• Felony Convictions</li><li>• Dishonorable discharge from military service or public service</li><li>• Disease or conditions that may interfere with professional work</li><li>• Denial of a prior professional license</li></ul>	
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Licensure Method	Requirements	Submitted:
<p style="text-align: center;"><b>Massage Therapist Endorsement</b></p>	<ol style="list-style-type: none"> <li>1. Completed online application including all required information <ul style="list-style-type: none"> <li>• Date and Place of Birth</li> <li>• Social Security Number or an SSN Affidavit</li> <li>• Temporary Military Permit</li> <li>• Name Change Information</li> <li>• Education Information</li> </ul> </li>   <li>2. You must be at least 18 years of age to apply for a Massage Therapist license.</li>   <li>3. Proof of passage of an examination must be sent directly from one of the following entities. <ul style="list-style-type: none"> <li>• Massage &amp; &amp; Bodywork Licensing Exam (MBLEX)</li> <li>• National Certification Exam for Therapeutic Massage and Bodywork (NCBTMB) taken before February 2015</li> </ul> </li>   <li>4. Official transcript of grades must be sent directly from the Massage Therapy program/school from which the applicant obtained his or her degree that shows that the applicant has met all Illinois requirements for graduation/completion. Graduates of a foreign program must submit a paper application and an official translation if the transcript is not in English. Please contact 800-560-6420 and request a paper application. The Massage Therapy Board will review all foreign programs and approve/or deny applicant to sit for the MBLEX exam. Transcripts not sent by the program/school will not be accepted</li>   <li>5. Record of Licensure: previous Massage Therapist License <b>AND</b> list all other related or non-related professional licenses held in Illinois or another state(s).</li>   <li>6. Fingerprint Information: the fingerprint Transaction Control Number (TCN) from your fingerprint receipt. This number is 16 characters long and can be found on the receipt provided by your fingerprint vendor. Please keep your fingerprint receipt until your license has been issued. The IDFPR may request it if any issues in the fingerprinting process arise.</li>   <li>7. Personal History Information (if applicable) including: <ul style="list-style-type: none"> <li>• Criminal History</li> <li>• Felony Convictions</li> <li>• Dishonorable discharge from military service or public service</li> <li>• Disease or conditions that may interfere with professional work</li> <li>• Denial of a prior professional license</li> </ul> </li>   <li>8. Failure to comply with a child support order, defaulting on a student loan, or defaulting on taxes.</li> </ol>	<p style="text-align: center;">ONLINE PORTAL</p>

# Application Fees

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<i>Fees collected through the licensing process are NOT REFUNDABLE OR TRANSFERABLE.</i>		
<b>Complete</b>	<b>License Type</b>	<b>Submitted:</b>
1.	(129) Massage Therapist License ..... \$175.00	ONLINE PORTAL
<b><i>NOTES: All major credit and debit cards as well as ACH and eCheck are accepted.</i></b>		

# Security Clearance Information

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Individuals applying for licensure for professions that require fingerprints must submit to a criminal background check and provide evidence of fingerprint processing from a fingerprint vendor licensed by the Department. Fingerprints must be taken within 60 days from the date that the application is submitted to the Department or the Department's testing vendor.

## Illinois Fingerprint Vendors

1. Applicants may contact a licensed fingerprint vendor to schedule an appointment for fingerprinting by [clicking here](#). The Illinois State Police will transmit electronic results of fingerprint processing to the Department.
  - Applicants *fingerprinted in Illinois* will **no longer** be required to submit a physical copy of their live scan receipt as a part of their initial license application. Instead, they will be required to enter their 16-digit **Transaction Control Number (TCN)** found on the fingerprint receipt issued by their licensed fingerprint vendor.
  - Applicants *should still* retain a copy of this fingerprint receipt until their license has been issued, as the Department may request a copy of it if any issues in the fingerprinting process arise during the application process.

## Out-of-State Fingerprint Vendors

Out-of-State applicants who are unable to schedule an appointment for fingerprinting through a licensed fingerprint vendor need to complete the following steps:

1. Obtain one (1) Illinois State Police (ISP) **Fee Applicant Card** for processing. Applicants may contact the Department at 1-800-560-6420 or send an email request on your profession page of the Department website at <http://www.idfpr.com/>. The ISP will transmit electronic results of the fingerprint processing to the Department.
2. Complete Section 1 of the **Identity Verification Certifying Statement form (OOS-FP)**. See the end of this packet for form OOS-FP.
3. The **Fee Applicant Card** shall be taken to a police department in another state to obtain classifiable prints.
4. Section 2 of the **Identity Verification Certifying Statement form (OOS-FP)** shall be completed and signed by the police department.
5. [Click here](#) to select a licensed Illinois fingerprint vendor that has "Card Scan" capability. Contact the vendor to determine the fee for a "Card Scan".
6. Mail the original **Identity Verification Certifying Statement form (OOS-FP)** (with Sections 1 and 2 completed), **Fee Applicant Card** and fingerprint fee to the licensed fingerprint vendor selected from the Division of Professional Regulation website.

7. To verify applicants have completed the fingerprinting process, IDFPR will require applicants to enter the 16 digit **Transaction Control Number (TCN)** found on their *Fee Applicant Card* issued by the Illinois State Police. This number can be found in the upper-right hand corner of the *Fee Applicant Card* and begins with the letters **'FRM'**.

Applicants *should still* retain a copy of all OOS-FP-related forms until their license has been issued, as the Department may request a copy of it if any issues in the fingerprinting process arise during the application process.



**IMPORTANT NOTICE:** Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

## CERTIFICATION OF EDUCATION

SUPPORTING DOCUMENT

# ED-MT

**APPLICANT: Complete the applicant section of this form, then forward it to the school for completion of the remainder of the form.**

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____/____/____ Month Day Year	3. SOCIAL SECURITY NUMBER ____-____-____
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.  _____ Profession Name                      Profession Code	
6. MAIDEN OR GIVEN SURNAME		
7. NAME OF INSTITUTION ATTENDED	8. DATE OF GRADUATION / COMPLETION ____/____/____ Month Day Year	

I hereby authorize a school official of the institution named above to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service the information requested below.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

**SCHOOL OFFICIAL: Complete the bottom portion of this page and return directly to the applicant.**

A. NAME OF INSTITUTION	B. ADDRESS OF INSTITUTION STREET, CITY, STATE, ZIP CODE
C. APPLICANT WAS (CHECK ONE): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Co-op	D. DATES OF ATTENDANCE From ____/____/____ To ____/____/____ Month Day Year                      Month Day Year
E. CHECK THE APPROPRIATE STATEMENT(S) AND COMPLETE <input type="checkbox"/> Applicant has completed program on ____/____/____ <input type="checkbox"/> Applicant will complete program on ____/____/____ Month Day Year                      Month Day Year	
F. IF EDUCATION PROGRAM WAS COMPLETED IN LESS THAN THE NORMALLY REQUIRED TIME, PLEASE EXPLAIN:	
G. USE THIS SPACE TO RECORD ANY OTHER INFORMATION THAT YOU FEEL WOULD ASSIST THE DEPARTMENT IN EVALUATING THE APPLICANT'S EDUCATIONAL EXPERIENCES.	

H. APPROVED MASSAGE THERAPY PROGRAM

A minimum of 600 clock hours of supervised classroom and supervised hands-on instruction were completed in the following subject matter and activities:

<u>Subjects</u>	<u>Hours</u>	<u>Subjects</u>	<u>Hours</u>
Human anatomy .....	_____	Benefits.....	_____
Physiology .....	_____	Universal Precautions.....	_____
Pathology.....	_____	Body Mechanics .....	_____
Kinesiology .....	_____	History .....	_____
Massage therapy theory.....	_____	Client Data Collections .....	_____
Technique and practice.....	_____	Documentation .....	_____
(which may include but is not limited to: effleurage/gliding; petrissage/kneading; compression; friction tapotement/percussion; vibration; direct pressure; superficial warming techniques; pumping; stretching; jostling; shaking; rocking)		Business and Legalities of Massage .....	_____
Contraindications.....	_____	Professional Standards .....	_____
		(including draping and modesty)	
		Therapeutic Relationships and.....	_____
		Communication	

I certify that the information recorded herein is true and correct according to the official records of this institution.

\_\_\_\_\_

Print Name of School Official

\_\_\_\_\_

Signature of School Official

\_\_\_\_\_

Title

\_\_\_\_\_

Date

SCHOOL SEAL OR NOTARY SEAL

**NOTE:** If the institution does not have a school seal, this form must be notarized.

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

\_\_\_\_\_

Date of Expiration

\_\_\_\_\_

Signature of Notary Public

ATTENTION APPLICANT--Return this form directly to:

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
ATTN: DIVISION OF PROFESSIONAL REGULATION  
320 WEST WASHINGTON STREET, L&T1  
SPRINGFIELD, ILLINOIS 62786

NAME (Last, First, MI):

SS#:

Profession: MASSAGE THERAPIST

**IMPORTANT NOTICE:** Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

**CERTIFICATION BY LICENSING AGENCY / BOARD**

SUPPORTING DOCUMENT

**CT**

**APPLICANT: Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. Contact certifying jurisdiction for appropriate fee. You are authorized to photocopy this form as necessary.**

1. NAME LAST                      FIRST                      MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ Month      Day              Year	3. SOCIAL SECURITY NUMBER ____ - ____ - ____
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.  _____ Profession Name                      Profession Code	
6. MAIDEN OR GIVEN SURNAME	7. APPLICANT TELEPHONE NUMBER (Daytime) Area Code ( ____ ) _____ - _____	
8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)	8b. LICENSE NUMBER (If applicable)	8c. ISSUANCE DATE OF LICENSE (If applicable)

I hereby authorize \_\_\_\_\_ to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service, the information requested below.  
Name of Licensing Agency or Board

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN COMPLETED FORM TO APPLICANT**

**LICENSING AGENCY: The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the certification. Please record N/A in areas which are not applicable.**

**PART I - CERTIFICATION OF EXAMINATION STATUS**

A. The applicant  has written  is scheduled to write the following examination:  
\_\_\_\_\_  
Name of Examination                      Date of Examination

B. The applicant has or will have written the above-named examination \_\_\_\_\_ number of times.

**PART II - CERTIFICATION OF LICENSURE**

A. NAME OF PROFESSION AS IT APPEARS ON LICENSE	B. LICENSE NUMBER
C. ISSUANCE DATE OF LICENSE	D. EXPIRATION DATE OF LICENSE
E. LICENSURE METHOD	
<input type="checkbox"/> Examination (Administered in Your State) <input type="checkbox"/> Reciprocity with (State) _____ <input type="checkbox"/> National (Name) _____ <input type="checkbox"/> State Constructed _____ <input type="checkbox"/> Other (Name) _____ <input type="checkbox"/> Endorsement of License (State) _____ Acceptance of Examination Results _____ (Administered in Another State) _____ <input type="checkbox"/> Waiver/Grandfather _____ <input type="checkbox"/> Credentials _____ <input type="checkbox"/> Other (Describe) _____	
F. CURRENT LICENSURE STATUS	G. IF LICENSED BY EXAMINATION, RECORD SCORES
<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Explain) _____ _____ _____	Type of Examination                      Score Written                      _____ Practical                      _____ Other (Describe) _____ _____ Received no Grade Below _____ Examination Period ____ days ____ hours

**PART III - CERTIFICATION OF EXAMINATION SCORES**

A1. National or other Profession Specific Examination  
(Record all available information)

Date of Examination \_\_\_\_\_

Scaled Score	_____	Raw Score	_____
Standard Deviation	_____	Corrected Score	_____
National Mean	_____	Percent Score	_____

A 2.

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

B. State Constructed Examination

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

**PART IV - FORMAL ACTIONS**

- A. Is there now or has there ever been any formal action commenced against the applicant?  Yes  No
- B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? (If yes, attach a certified copy of disciplinary action.)  Yes  No

**PART V - RECIPROCAL REGISTRATION**

This state  does  does not grant the same privilege of reciprocal registration to Illinois registrants.

I certify that the information contained herein is true and correct according to the official records of the State.

S E A L	Print Name	
	Title	Signature
	Agency/Board Street Address	Date
	City, State, ZIP Code	Area Code (     ) Telephone Number

**Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.**

**Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.**

NAME (Last, First, MI):

SS#:

Profession:

IMPORTANT NOTICE: Completion of this form is necessary for licensure/employment under provision set forth within the Illinois Compiled Statutes or other related Federal laws. Disclosure of this information is VOLUNTARY. However, failure to comply may result in the denial of your application.

## IDENTITY VERIFICATION CERTIFYING STATEMENT

# OOS-FP

Pursuant to Title 68 Part 1240.535 of the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act of 2004 Rules, fingerprint vendors are required to confirm identity of the individual seeking to be fingerprinted. This identity verification form must be completed for out-of-state residents applying for licensure/employment in the State of Illinois. This form will be utilized to confirm the personal identifying information being placed on the Illinois State Police (ISP) Fee Applicant fingerprint card, form number ISP-404. The out-of-state agency chosen to take your fingerprints, must complete this form, as written confirmation that a valid government issued drivers license or State ID was presented and that the identification provided, belongs to the individual being fingerprinted.

**Instructions:** This form must be submitted, along with a manual Fee Applicant fingerprint card to which your fingerprints have been applied, to a licensed live scan fingerprint vendor in the State of Illinois possessing "Scan Card" capability to ensure electronic transmission of the Fee Applicant fingerprint card. The electronic transmission of fingerprints to the ISP is mandated pursuant to Title 20 Part 1265 "Electronic Transmission of Fingerprints". **The manual submission of fingerprints to ISP is no longer acceptable.** Once your fingerprints have been taken, a signed original of this form must be attached to your Fee Applicant fingerprint card and submitted to an Illinois licensed live scan fingerprint vendor. As well, an additional copy may be required to be submitted to the requesting State Agency along with any additional application or required documentation specified by the State Agency.

### Section 1 Applicant Information (All fields mandatory)

LAST NAME:	FIRST:	MIDDLE:	PHONE NUMBER:
MAIDEN NAME/GIVEN SURNAME:		POSITION / REASON FINGERPRINTED: (NURSE/DOCTOR/SECURITY GUARD, ETC)	
ADDRESS: (STREET/CITY/STATE/ZIP)		DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

### Section 2 Certifying Agency Taking Fingerprints (Include TCN from Fee Applicant card)

AGENCY NAME:	TCN: FRM
DATE FINGERPRINT TAKEN:     /     /	CONTACT PHONE NUMBER:     (     )     -
PRINTING AGENT'S NAME: LAST	FIRST

I have compared the government issued identification presented by the applicant and attest that to the best determination, I have fingerprinted the same individual. (Must be checked to certify)

PRINTING AGENT'S SIGNATURE:

## Illinois Live Scan Fingerprint Vendor Information

### Section 3 Fingerprint Vendor Agency Name

LIVE SCAN FP AGENCY NAME:	
REQUESTING STATE AGENCY:	REQUESTING STATE AGENCY ORI:
DATE FINGERPRINTS SUBMITTED TO ISP:	COST CENTER USED: