

MESSAGE THERAPIST LICENSE APPLICATION

1101 Poyntz Avenue
City of Manhattan, Kansas, 66502
www.cityofmhc.com | (785) 587-2480



Select Application Type:

New

Renewal

APPLICANT INFORMATION:

Last Name	First Name	Middle Name	Gender	Date of Birth
Other Names Used		Maiden Name		Phone Number
Address	City	State	County	Zip Code
Email			<input type="checkbox"/> Photo ID attached	

PAST EMPLOYMENT of APPLICANT

List all employment held within the past three (3) years immediately preceding the date of this application (use additional paper, if necessary).

Dates	Name of Employer	Employer's Address	Name of Direct Supervisor	Business's Direct Phone #
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

BACKGROUND INFORMATION

Have you had a massage therapy establishment or massage therapist license or permit denied, revoked or suspended, or voluntarily surrendered such permit or license in lieu of revocation or suspension, by a city or by any other state or local jurisdiction within the last ten years, and if so why?

No

Yes – complete section below (Use additional paper, if necessary.)

For each massage therapy establishment or massage therapist license or permit denied, revoked or suspended, or voluntarily surrendered such permit or license in lieu of revocation or suspension, please answer the following:

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Name of City, State, or Local Agency: _____

Date of denial, revocation, suspension, voluntary surrender in lieu of revocation or current suspension: _____

Reason for denial, revocation, suspension, voluntary surrender in lieu of revocation or current suspension:

EDUCATIONAL and PRACTICE REQUIREMENTS (*New Applications Only*)

Any person who applies for a massage therapist license must provide proof of compliance with one or more of the following educational requirements and attach documentation to this application. Check which of the following are attached:

- Proof the applicant has sat for and passed the Massage and Bodywork Licensure exam of the Federation of State Massage Therapy Boards (MBLEx); or
- Proof the applicant has sat for and passed the National Certificate of Therapeutic Massage and Bodywork exam (NCTMB) prior to February 1, 2015; or
- An official transcript showing the applicant has successfully completed a minimum of five hundred instructor taught classroom hours within a recognized massage therapist school; or
- Proof of one hundred fifty credit hours of education in a massage therapy program from an accredited institution or massage therapist school, at least twelve hours of continuing education units in the last five years, and membership in a nationally recognized massage therapy association.

If an applicant does not meet one of the above educational requirements and the license application is submitted within sixty (60) days of August 1, 2019, the applicant may submit all three of the following documents to prove compliance with substitute requirements:

(1) A sworn statement from the applicant, on a form provided by the city, stating that the applicant is engaged in the practice of massage therapy upon the date of application and that the applicant has been continuously engaged in the practice of massage therapy, for a minimum of ten hours each week, within the five years immediately preceding the date of application;

(2) A sworn statement from a city-licensed massage therapist, on a form provided by the city, stating that the applicant is engaged in the practice of massage therapy upon the date of application and that the applicant has been continuously engaged in the practice of massage therapy, for a minimum of ten hours each week, within the five years immediately preceding the date of application; and

(3) The applicant provides at least one additional form of documentation to prove that the applicant has practiced massage therapy for the preceding five years, including, but not limited to tax returns, gross tax receipts, or monthly client receipts.

(Attach all 3)

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CONTINUING EDUCATION REQUIREMENTS *(Renewal Applications Only)*

Upon continuous renewal of an existing, valid massage therapist license, the massage therapist applicant shall attach proof with the renewal application that he or she has received a minimum of twelve (12) hours (50 minutes per hour) of professional massage therapy continuing education offered through an accredited institution, massage therapist school, or nationally recognized massage therapy association. Continuing education credit will be awarded for each hour of training completed in the theory and clinical application of massage, clinical business practices, hygiene, record keeping, professional ethics, and other similar courses.

THERAPIST LICENSE APPLICATION CHECKLIST

Incomplete application packets will not be accepted. Below is a list of required items that make up a complete application:

- Fully completed Massage Therapists License Application – signed, dated
- Documentation proving compliance with educational, substitute, or continuing educational requirements
- Photocopy of current State or Federal Issued Photo Identification Card enlarged
- Criminal Background Investigation Waiver – signed, dated
- Cash or check payable to the CITY OF MANHATTAN.
Application/Renewal Fee (biennial) \$75

VERIFICATION

I, _____, certify that the facts and information in this application, including any attachments, are true, complete, and accurate to the best of my knowledge. I further certify that this application, including any attachments, do not contain any fraudulent, misrepresented, or false statements.

Applicant Signature

Date

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FOR OFFICE USE ONLY:

- Completed application with signatures and documentation
- Photocopy of current State or Federal Issued Identification Card
- Application Fee - \$75**

Cash _____ Check # _____ Receipt # _____ \$ _____ Total

Educational or Substitute Requirement Verification

Approved Denied Date _____ by _____

Customer Service Background Check:

Approved Denied Date _____ by _____

City Clerk Review:

Approved Denied Date _____ by _____

License Number Establishment License No. _____ Expiration Date _____

MASSAGE THERAPIST / THERAPY ESTABLISHMENT LICENSE APPLICATION
CRIMINAL BACKGROUND INFORMATION & WAIVER

APPLICANT INFORMATION

Last Name	First Name	Middle Name	Gender	Date of Birth
Maiden/Other Names Used		Social Security Number		Phone Number
Address	City	State	County	Zip Code

APPLICANT CRIMINAL BACKGROUND INFORMATION

Are you currently or have you been in the last five years a registered sex offender or in the last five years been convicted of any felony or any crime involving moral turpitude?

(see Code of Ordinances, Sec. 19-61 for definition of crimes involving moral turpitude)

No Yes – complete section below *(Use additional paper, if necessary)*

For each registration or conviction, answer the following:

Date of registration and/or conviction: _____

Name of jurisdiction where registration and/or conviction occurred: _____

Name or description of offense of registration and/or conviction:

CRIMINAL BACKGROUND INVESTIGATION WAIVER

I, _____, authorize the City of Manhattan to use the above information to conduct a criminal records background investigation on me. I understand that the information obtained through the investigation will be used to determine whether or not I am issued a Massage Therapist License and/or Therapy Establishment License in the City of Manhattan. I certify the information I provided in this document is true, complete, and accurate to the best of my knowledge and do not contain any fraudulent, misrepresented, or false statements.

Applicant Signature

Date