State of New Hampshire
Department of Health and Human Services
Office of Professional Licensing
Advisory Board of Massage Therapists
121 South Fruit Street
Concord NH 03301
603-271-9480

Massage Therapy TEMPORARY License Application

FOR DEPARTMENT USE ONLY

☐ **$110.00** Fee/Check # _____

_____

_____

_____

Effective Dates:

Number:

PLEASE PRINT

Last Name	**First Name**	**Middle Initial**

Date of Birth	**Daytime Phone**	**E-Mail Address**
/ /	( ) -	

Home Address	**City**	**State**	**Zip**

☐ **Check here if you do NOT want your home address disclosed to individuals, trade organizations, or schools for the sole purpose of advertising continuing education opportunities.**

Mailing Address	**City**	**State**	**Zip**

Massage School – Name/Address	**City**	**State**	**Zip**

Date of Graduation	**Total # Hours**

Other professional licenses (excluding driver's license)	**State issued:**	**Expiration:**
Profession:		
Profession:		
Profession:		

Date satisfactorily completed national written examination		**Date satisfactorily completed CPR course**		**Date satisfactorily completed First Aid Course**	

Have you been convicted of any crime involving violence inflicted on a person or threatened against a person, or any sexually-related crime? ☐ **No** ☐ **Yes** (Explain)

Are you in good mental and physical health? ☐ **Yes** ☐ **No** (Explain)

The Department of Health and Human Services is required by law to ask for your social security number. The number will be held confidential by the Department and used only for enforcement of the laws governing child support. (42 USC 666(a)(13); RSA 161-B:11)

Social Security Number: _____ - _____ - _____

"By my signature I attest full compliance with RSA 328-B and all corresponding New Hampshire regulations and that the information and documentation provided are accurate to the best of my knowledge. I understand that knowingly providing false information may be grounds for denial, suspension, or revocation of a license."

DATE SIGNATURE

Revised 11/25/14

Directions for Completing TEMPORARY License Application

TEMPORARY massage therapy licenses may be issued to people who have attended massage therapy school outside of New Hampshire and who do not currently meet the full requirements for a massage therapy license. The TEMPORARY license is valid for one year in order for the TEMPORARY licensee to complete any additional educational or examination requirements for a full massage therapy license. The TEMPORARY license is not renewable. In accordance with RSA 328-B:5-a, in order to be eligible for a TEMPORARY license, a person must be at least 21 years of age, must be a current New Hampshire resident, must have completed at least 500 hours of massage education, and must have been practicing as a massage therapist in another state for at least 3 out of the preceding 5 years. Below is a list of the requirements and documentation you will need to attach to this application. If you have any questions while completing this application, please do not hesitate to call our office at 603-271-9480 for assistance. Mail or deliver application and materials to the address on the front of this application.

1. **A recent photograph of yourself - 2x2 passport photo.**

2. **Diploma with name and address of massage school you graduated from.**
   Photocopied diplomas must be notarized or must have an embossed seal of the massage school you graduated from.

3. **Official transcripts AND Transcript Review Packet from your massage school, verifying at least 500 hours.**
   Official transcripts must include course titles, length or number of hours for all courses successfully completed, and an embossed school seal or original signature of a school official. ***Your application must also include a Transcript Review Packet, completed by each massage therapy school you attended, along with course catalogs or course descriptions.***

4. ***Documentation of current certification in Adult CPR.** *Photocopies acceptable.*
   *American Red Cross, American Heart Association, or National Safety Council.

5. ***Documentation of current certification in First Aid.** *Photocopies acceptable.*
   *American Red Cross, American Heart Association, or National Safety Council.

6. **Verification that you are at least 21 years of age.** *(Examples: driver's license or birth certificate)*

7. **Documentation of New Hampshire residency.** *(Examples: driver's license or utility bill)*

8. **Documentation of practicing as a massage therapist in another state for at least 3 of the preceding 5 years.** *Documentation should include: the name, address, and phone number of the place(s) of employment; the months and years worked; copies of business records, tax returns or pay stubs providing proof of employment; the owner's or manager's name and phone number; and a signed statement from the owner or manager verifying the employment history.*

9. **If your documentation of 8 above is from a State that requires licensure, you will need to submit verification of licensure and good standing from that State. Please contact this office for the license verification forms.**

10. **License application fee is $110.**
    Checks, postal or express money order(s) are to be made payable to: ***"Treasurer, State of New Hampshire."***