

# INSTRUCTION SHEET

## MASSAGE THERAPIST

**Acceptance of Certifying Examination  
Endorsement of License  
Restoration of License**

***In order for your application to be processed,  
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED  
with the application and required fee unless otherwise directed in the instructions.***

**BEFORE COMPLETING THE APPLICATION PACKET**, read each of the 4 steps below in the order that they are listed, then follow the directions as they apply to you. This will aid you in accurately completing your application and eliminate any delay in processing. **THE APPLICATION WHICH YOU SUBMIT IS VALID FOR THREE YEARS FROM DATE OF RECEIPT.** If you are issued a license, please be advised that your license will expire on December 31 of each even-numbered year.

- Step 1** Use the **REFERENCE SHEET (CHART I)** to select the appropriate Profession Name, 3-digit Profession Code, Licensure Method and Fee, and record that information in **Part I** (page one) of the **Application for Licensure and/or Examination**.
- Step 2** Proceed with **Part II** (page one) and complete all applicable information requested on all 4 pages of the **Application for Licensure and/or Examination**.
- Step 3** The remainder of this form contains specific instructions for each Licensure Method. Locate the instructions for the Licensure Method you recorded in **Part I** (page one) of the **Application for Licensure and/or Examination** and follow those instructions only.
- Note:** All documents in a foreign language that are required to be submitted with an application or for any other purpose in connection with licensure must be accompanied by an original, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.
- Step 4** If needed, a telephone number for assistance in completing the Application Package is provided on the **REFERENCE SHEET**.

**Additional application forms can be downloaded from the IDFPR Web site at [www.idfpr.com](http://www.idfpr.com).**

### NOTICE

All individuals applying for initial licensure as a massage therapist in Illinois **must** submit to a criminal background check and provide evidence of fingerprint processing from the Illinois State Police, or its designated agent. See attached "**Important Notice--Criminal Background Check Requirement**" for more information concerning this requirement.

## EDUCATION

***In order for your application to be processed,  
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED  
with the application and required fee unless otherwise directed in the instructions.***

An approved curriculum in massage therapy shall consist of a minimum of 500 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.

The minimum required subject matter and activities are:

1. Human anatomy, physiology, pathology and kinesiology.
2. Massage therapy theory, technique and practice, 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.
3. Contraindications, benefits, universal precautions, body mechanics, history, client data collection, documentation, ethics, business and legalities of massage, professional standards including draping and modesty, therapeutic relationships and communications.

Each student must maintain a minimum grade of 70% for all massage therapy related course and clinical work.

## LICENSURE BY ACCEPTANCE OF CERTIFYING EXAMINATION

***In order for your application to be processed,  
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED  
with the application and required fee unless otherwise directed in the instructions.***

1. Applicant must be at least 18 years of age and of good moral character.
2. Supporting Document **ED-MT** must be completed and have school seal affixed. If school seal is not available, the form must be notarized by a licensed notary with notary seal affixed.
3. Instruct the National Certification Board of Therapeutic Massage and Bodywork to forward proof of your having successfully completed their examination directly to the Division of Professional Regulation.
4. If you have ever held a license as a massage therapist or a related license, Supporting Document **CT** must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure where you have most recently been practicing. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return completed **CT** to you to be submitted with your application.
5. If you have moved to Illinois from a state with no licensure requirement and have provided documentation that you have successfully passed the National Certification Board of Therapeutic Massage and Bodywork's examination, you are further required to provide evidence that you maintain current certification with the examining board.
6. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation. Fee payment is indicated on **REFERENCE SHEET, CHART I. Fee is non-refundable.**
7. Forward four-page application, supporting documentation, and fee payment to:  
Illinois Department of Financial and Professional Regulation  
ATTN: Division of Professional Regulation  
P.O. Box 7007  
Springfield, Illinois 62791

## LICENSURE BY ENDORSEMENT

***In order for your application to be processed,  
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED  
with the application and required fee unless otherwise directed in the instructions.***

**NOTE:** Applicants applying for licensure on the basis of endorsement must have successfully completed the National Certification Board of Therapeutic Massage and Bodywork's Examination, and must hold a current license from another jurisdiction having requirements that meet or exceed those defined in the Massage Licensing Act.

For any applicant not meeting the required number of classroom/hands-on hours in an approved school, the Division may require completion of additional coursework.

When the accuracy of any document which has been submitted or the relevance or sufficiency of the coursework or experience is questioned by the Department due to a lack of information, discrepancies or conflicts in information given or a need for clarification, the applicant seeking licensure shall be required to:

- a. Provide such information as may be necessary; and/or
  - b. Appear for an interview before the Massage Licensing Board to explain such relevance, clarify information or resolve any discrepancies or conflicts in information.
1. Supporting Document **ED-MT** must be completed and have school seal affixed. If school seal is not available, the form must be notarized by a licensed notary with notary seal affixed.
  2. Instruct the National Certification Board of Therapeutic Massage and Bodywork to forward proof of your having successfully completed their examination directly to the Division of Professional Regulation.
  3. Supporting Document **CT** must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure where you have most recently been practicing. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return completed **CT** to you to be submitted with your application.
  4. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation. Fee payment is indicated on **REFERENCE SHEET, CHART I**.
  5. Forward four-page application, supporting documentation, and fee payment to:

Illinois Department of Financial and Professional Regulation  
ATTN: Division of Professional Regulation  
P.O. Box 7007  
Springfield, Illinois 62791

## RESTORATION

***In order for your application to be processed,  
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED  
with the application and required fee unless otherwise directed in the instructions.***

### **~IMPORTANT NOTICE~**

These Restoration Instructions apply only to those massage therapists whose licenses have been on inactive status, or in non-renewed status, for five or more years.

**If your license has been inactive, or in non-renewed status, for less than five years, you should contact the Department of Financial and Professional Regulation at 217-782-0458 for detailed instructions on how to restore it to active status.**

**NOTE:** Based upon the Massage Licensing Board's evaluation of your application, you may be required to submit additional documentation and/or appear for oral interview before the Board to determine current competency to practice as a massage therapist. Additionally, you may be required to complete a period of evaluated clinical experience, or successfully complete an examination.

1. Supporting Document **RS** must be completed. If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 217-782-0458.
2. All applicants for restoration of a massage therapist license in Illinois must submit proof of having completed 24 hours of continuing education, including at least 2 hours on ethics, during the 2 years prior to restoration. This must be verified by the submission of certificates of attendance provided by continuing education sponsors approved by the Department of Financial and Professional Regulation, Division of Professional Regulation.
3. You are also required to submit one of the following:
  - a. Certification of current licensure from another state or territory, completed by the appropriate state board. Enclosed find Supporting Document **CT** for this purpose. The licensing agency/board must return Supporting Document **CT** directly to you for inclusion with your application;

*and*

Verification of active practice in that jurisdiction. Supporting Document **VE-MT** must be completed by the person who supervised you, or if self-employed by a peer or colleague who is familiar with your work;

*or*
  - b. An affidavit attesting to military service (form DD214).
4. Fee Payment amount is indicated in the Official Use Only Box on Supporting Document **RS**. Fee payment must be in the form of a check or money order and made payable to the Illinois Department of Financial and Professional Regulation.
5. Forward four-page application, all supporting documentation and fee payment to: Illinois Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

## LICENSURE METHODS AND DEFINITIONS

*Following are definitions of the various methods used in issuing licenses for professionals in the State of Illinois. Some of these licensure methods may not be applicable to your profession. Refer to the enclosed instruction sheet to determine the specific licensure methods/requirements for your profession.*

### Licensure Methods

### Definition

Examination

Applicant has applied or is required to take and pass all or a portion of an exam scheduled and/or given by the Department or a representative of the Department.

Endorsement of License

Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.

Acceptance of Examination

Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.

Restoration

Applicant has previously been licensed in State of Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review.

Grandfather/Waiver

Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).

Non-examination

Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.

# REFERENCE SHEET

ALL FEES ARE NONREFUNDABLE

Department reserves the right to change fees if prevailing circumstances necessitate such action.

## CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

<u>PROFESSION NAME</u>	<u>PROFESSION CODE</u>	<u>LICENSURE METHOD</u>	<u>APPLICATION FEE</u>
Licensed Massage Therapist	227	Acceptance of Board Certification	\$175.00
Licensed Massage Therapist	227	Endorsement	\$175.00
Licensed Massage Therapist	227	Restoration	See Supporting Document RS

## CHART II - EXAMINATION CODES AND FEES

NOT APPLICABLE FOR LICENSED MASSAGE THERAPISTS  
ENTER N/A IN PART VII a) OF  
APPLICATION FOR LICENSURE AND/OR EXAMINATION

## CHART III - EXAMINATION DATES AND LOCATION

NOT APPLICABLE FOR LICENSED MASSAGE THERAPISTS  
ENTER N/A IN PART VII b) OF  
APPLICATION FOR LICENSURE AND/OR EXAMINATION

## CHART IV - SCHOOL CODES

NOT APPLICABLE FOR LICENSED MASSAGE THERAPISTS  
ENTER N/A IN PART VII c) OF  
APPLICATION FOR LICENSURE AND/OR EXAMINATION

### \* \* \* \* \* REQUEST FOR ASSISTANCE \* \* \* \* \*

If assistance is needed, direct your request to one the following telephone numbers:

**217/782-8556**

Telecommunicative Device for the Deaf (TDD) - **217/524-6735**

Please allow 3 weeks from mailing your application before making an inquiry concerning its status.

# Illinois Department of Financial and Professional Regulation

## Division of Professional Regulation

### Application Checklist for Massage Therapists

*In order for your application to be processed,  
**ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED**  
with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

FOUR-PAGE APPLICATION REVIEW	COMPLETED
Part I. Application Category Information	
Part II. Applicant Identifying Information	
Part III. Education Information	
Part IV. Record of Licensure Information	
Part V. Record of Examination	
Part VI. Personal History Information	
Part VII. Examination Coding Information (if applicable)	
Part VIII. Child Support and/or Student Loan Information	
Part IX. Certifying Statement--Signed and Dated	
SUPPORTING DOCUMENTS	SUBMITTED
Application Fee	
<b>ED-MT</b> Form with seal and signature of director/registrar affixed, or official transcripts of approved massage curriculum with seal affixed	
<b>CT</b> Form ( <i>original</i> and <i>current</i> jurisdiction) if applicable	
<b>VE-MT</b> Form (if applicable)	
NCBTMB exam scores (requested from entity)	
Proof of name change (if applicable)	
Proof of 24 hours of Approved Continuing Education (if applicable)	
<b>RS</b> Form, if applicable ( <b>Note:</b> if restoring)	
Copy of DD214 if restoring from active military service	
Criminal background check requested	
Proof of fingerprint submission	

**All supporting documents *may not be required*. Please refer to application instructions for your specific method of licensure.**

# APPLICATION FOR LICENSURE AND/OR EXAMINATION

FOR OFFICIAL USE ONLY

**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.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE AND/OR EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. **FEES ARE NOT REFUNDABLE.**
- C. 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.

## PART I: Application Category Information

### A. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME	2. PROFESSION CODE ____ _	3. LICENSURE METHOD	4. FEE \$
--------------------	------------------------------	---------------------	--------------

### B. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- |  |   |
|--|---|
| <input type="checkbox"/> This is the first time I have made application for this profession in Illinois.   | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements. |
| <input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying. | <input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.               |
| <input type="checkbox"/> Other: _____  |   |

## PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST                      FIRST                      MIDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. UNITED STATES SOCIAL SECURITY NO. ____ - ____ - ____
--	-------------------------------------	--

4. PERMANENT MAILING ADDRESS STREET                      CITY                      STATE/COUNTRY	ZIP CODE ____ - ____	COUNTY
---	-------------------------	--------

5. BUSINESS ADDRESS STREET                      CITY                      STATE/COUNTRY	ZIP CODE ____ - ____	COUNTY
--	-------------------------	--------

6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)	7. MOTHER'S MAIDEN NAME
--	-------------------------

8. PLACE OF BIRTH CITY                      STATE/COUNTRY	9. DATE OF BIRTH ____ / ____ / ____ Month                      Day                      Year	10. AGE ____ <input type="checkbox"/> Female <input type="checkbox"/> Male
--	--	---

11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (____) _____ - _____                      Home: (____) _____ - _____ (Area Code)                      (Area Code) Fax: (____) _____ - _____                      Fax: (____) _____ - _____ (Area Code)                      (Area Code)	12. PREFERRED e-MAIL ADDRESS(ES) [if available]
---	---

NAME (Last, First, MI):

SS#

Profession

**PART III: Education Information**

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)  
**1 2 3 4 5 6 7 8 9 10 11 12**      Graduated High School?  Yes  No      Received OR G.E.D.?  Yes  No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED      3. LAST PRELIMINARY SCHOOL LOCATION (City and State)      4. DATE OF GRADUATION  
 \_\_\_\_\_ / \_\_\_\_\_ Year

5. COLLEGE OR UNIVERSITY (Circle number of years completed)  
**1 2 3 4 5 6 7 8**      Graduated?  Yes  No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE		TYPE OF DEGREE EARNED
		FROM Month/Year	TO Month/Year	

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training? <input type="checkbox"/> Yes <input type="checkbox"/> No
		FROM Month/Year	TO Month/Year	

**PART IV: Record of Licensure Information**

*If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.*

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

*(If additional space is needed, attach a separate sheet.)*

**PART V: Record of Examination**

*If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.*

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

*(If additional space is needed, attach a separate sheet.)*

<b>PART VI: Personal History Information (This part must be completed by all applicants)</b>	YES	NO
1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? <i>If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.</i>		
2. Have you been convicted of a felony?		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>		
4. Have you had or do you now have any disease or condition that interferes with 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, that presently interferes with your ability to practice your profession? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>		
5. 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? <i>If yes, attach a detailed explanation.</i>		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>		

<b>PART VII: Examination Coding Information (This part is for examination applicants only)</b>												
Refer to the REFERENCE SHEET enclosed with this application package and complete the following:												
a) CHART II - Select examination(s) you desire and enter Test Codes. <span style="float: right;"> <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> </span>												
b) CHART III - Select the examination site you desire and enter Test Center Code: <span style="float: right;"> <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> </span>												
c) CHART IV - Find your School of Graduation and enter school code: <span style="float: right;"> <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 100px; height: 20px;"></td> </tr> </table> </span>												
d) Record the number of times you have taken this exam in Illinois or any other state: <span style="float: right;"> <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> </span>												

<b>PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)</b>
<p>1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. <b>Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.</b></p> <p>Are you more than 30 days delinquent in complying with a child support order? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>  <small>(NOTE: If you are not subject to a child support order, answer "no.")</small></p>
<p>2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)</p> <p>Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p>

<b>PART IX: Certifying Statement</b>
Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;"> <p style="margin: 0;">Signature of Applicant</p> </div> <div style="width: 45%; border-top: 1px solid black; text-align: center;"> <p style="margin: 0;">Date</p> </div> </div> <p style="margin-top: 10px;"><b>I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.</b> My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.</p>



**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.

SEAL

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title

\_\_\_\_\_

Agency/Board Street Address

\_\_\_\_\_

City, State, ZIP Code

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

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:



H. APPROVED MASSAGE THERAPY PROGRAM

A minimum of 500 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	

For those programs which are less than 500 clock hours, you must indicate hours in each subject matter.

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

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 20/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

## VERIFICATION OF EMPLOYMENT/EXPERIENCE

SUPPORTING DOCUMENT

# VE-MT

**APPLICANT: Complete the applicant section of this form, then forward it to your employer. 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.  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Profession Name</span> <span>Profession Code</span> </div>	
6. MAIDEN OR GIVEN SURNAME  _____	7. JOB TITLE OR POSITION APPLICANT HELD  _____	
8. DATES OF EMPLOYMENT  From ____ / ____ / ____ to ____ / ____ / ____	9. SUPERVISOR NAME  _____	

**SUPERVISOR: Complete the remainder of this form. RETURN THE COMPLETED FORM DIRECTLY TO THE APPLICANT IN A SEALED ENVELOPE.**

**PART I. - MESSAGE THERAPIST SUPERVISION INFORMATION**

A. IMMEDIATE/DIRECT SUPERVISOR'S NAME  _____	B. BUSINESS/INSTITUTION NAME  _____	
C. REGISTRATION/LICENSE#  _____	D. REGISTRATION/LICENSE STATE  _____	E. BUSINESS ADDRESS    STREET, CITY, STATE, ZIP CODE  _____ 
F. BUSINESS TELEPHONE NUMBER Area Code ( ____ )    ____ - ____ - ____		

**PART II. - APPLICANT EMPLOYMENT INFORMATION**

A. APPLICANT'S JOB TITLE AT TIME OF EMPLOYMENT/ EXPERIENCE  _____	B. DATES OF APPLICANT'S EMPLOYMENT/EXPERIENCE  From ____ / ____ / ____    To ____ / ____ / ____ Month    Day                  Year                  Month    Day                  Year
C. NUMBER OF HOURS APPLICANT WORKED PER WEEK  _____	D. BRIEF DESCRIPTION OF DUTIES PERFORMED BY APPLICANT  _____ 

I do hereby declare that this information is true and correct.

\_\_\_\_\_  
*Signature of Employer/Supervisor*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

# IMPORTANT NOTICE

## CRIMINAL BACKGROUND CHECK REQUIREMENT

**All individuals applying for initial licensure as a massage therapist in Illinois must submit to a criminal background check and provide evidence of fingerprint processing from the Illinois State Police, or its designated agent. Applicant must contact one of the livescan fingerprint vendors, approved by the Illinois State Police and the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation, to schedule an appointment. (Fingerprinting processing fees are established by the respective vendor and the Illinois State Police.) Enclosed is a list of approved livescan certified vendors.**

**A receipt substantiating proof of livescan printing issued by the vendor at the time of being fingerprinted, or the Department's Certifying Statement Fingerprint Submission form (FP-MT), must be submitted to the Department or the Department's testing vendor with the application.**

**Refer to application instructions for details regarding application submission.**

- ◆ **Applicants may contact a livescan-fingerprinting vendor, approved by the Illinois State Police, to schedule an appointment for fingerprinting. Each applicant will be provided a written receipt once they have been fingerprinted. This receipt must be submitted to the Department with the application and fee. Applicants unable to schedule an appointment at a livescan facility may submit fingerprint cards in lieu of livescan. (See "Out-of-State applicants" below.) Fingerprints must be taken within 60 days prior to submission of the application for licensure.**
- ◆ **Out-of-State applicants who are unable to schedule an appointment at a livescan facility are required to submit fingerprint cards for the State Police and FBI. To facilitate this process we have enclosed two fingerprint cards and the Certifying Statement Fingerprint Submission Form (FP-MT).**

**The cards may be taken to a local police authority in any state to obtain classifiable prints. The cards and processing fee may then be submitted to one of the above vendors. (Fees are established by the respective vendor and the Illinois State Police.)**

**NOTE:** If you are downloading an application from our Web Site, you must contact the Department at the following address to obtain fingerprint cards.

Department of Financial and Professional Regulation  
ATTN: Division of Professional Regulation  
320 West Washington Street, 3rd Floor  
Springfield, IL 62786  
Phone: 217/782-8556

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 65/1 et.seq. of (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

## CERTIFYING STATEMENT OF FINGERPRINT SUBMISSION

SUPPORTING DOCUMENT

# FP-MT

**APPLICANT:** *This form must be completed by out-of-state residents unable to utilize the livescan process for fingerprinting in the State of Illinois. Attach this certifying statement with the four-page Application for Licensure and/or Examination as proof of having submitted the required fingerprint cards to the proper authorities.*

1. NAME LAST FIRST MIDDLE

2. DATE OF BIRTH

3. SOCIAL SECURITY NUMBER

\_\_\_ / \_\_\_ / \_\_\_  
Month Day Year

-----

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.

6. MAIDEN OR GIVEN SURNAME

**Massage Therapist 227**

## CERTIFYING STATEMENT

Under penalties of perjury, I declare that I, \_\_\_\_\_, have submitted the required fingerprints pursuant to the Massage Licensing Act and the Rules for the Administration of the Act to the designated agent of the Illinois State Police for processing.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Livescan Fingerprint Vendors**  
**Certified by the Illinois State Police**  
**Approved by the Department of Financial and Professional Regulation**  
Information regarding fees may be obtained from the respective vendor.

A Fingerprinting U S Photo .....	312/782-8144
<b>Chicago, IL</b> .....	<a href="http://www.fingerprintingchicago.com">www.fingerprintingchicago.com</a>
Accurate Biometrics .....	866/361-9944
<b>Chicago, IL</b> .....	<a href="http://www.accuratebiometrics.com">www.accuratebiometrics.com</a>
AGB Investigative Services, Inc. ....	773/476-8310
<b>Chicago, IL</b> .....	<a href="http://www.agbinvestigative.com">www.agbinvestigative.com</a>
American Heritage Protective Services .....	708/388-7900
<b>Alsip, IL</b> .....	<a href="http://www.apservices.com">www.apservices.com</a>
Andy Frain Services, Inc. ....	630/820-3820, Ext. 13
<b>Aurora, IL</b> .....	<a href="http://www.andyfrain.com">www.andyfrain.com</a>
Anthony's Mobile Fingerprinting, Inc. ....	312/474-6394
<b>Chicago, IL</b> .....	<a href="http://www.thefingerprintman.com">www.thefingerprintman.com</a>
AP Private Detective & Security Agency, Ltd. ....	708/335-3500
<b>Hazel Crest, IL</b> .....	<a href="mailto:apprivatedetective@yahoo.com">apprivatedetective@yahoo.com</a>
Argus Services, Inc. ....	312/377-9441
<b>Chicago, IL</b> .....	<a href="mailto:rkurz@argus_services.com">rkurz@argus_services.com</a>
Background Resources, Inc. ....	630/873-2270
<b>Warrenville, IL</b> .....	<a href="http://www.backgroundresources.com">www.backgroundresources.com</a>
Big River Investigations, Inc. ....	217/228-9114
<b>Quincy, IL</b> .....	<a href="http://www.bigriversinvestigations.com">www.bigriversinvestigations.com</a>
Biometric Impressions .....	630/715-2760
<b>Elmhurst, IL</b> .....	<a href="http://www.biometricimpressions.com">www.biometricimpressions.com</a>
Browder's Maximum Security Services, Inc. ....	312/225-7900
<b>Chicago, IL</b> .....	<a href="mailto:maxsec@sbcglobal.net">maxsec@sbcglobal.net</a>
Bushue Human Resources, Inc. ....	217/342-3042
<b>Effingham, IL</b> .....	<a href="http://www.bushuehr.com">www.bushuehr.com</a>
CLS Background Investigations .....	815/836-0236
<b>Lockport, IL</b> .....	<a href="http://www.cls-ent.com">www.cls-ent.com</a>
DeKalb Police Department .....	815/748-8400
<b>DeKalb, IL</b> .....	<a href="http://www.cityofdekalb.com">www.cityofdekalb.com</a>
Digby's Detective and Security Agency, Inc. ....	312/326-1100, Ext. 1045
<b>Chicago, IL</b> .....	<a href="http://www.digbysecurity.com">www.digbysecurity.com</a>
Fact Finders Group, Inc. ....	708/283-4200
<b>Matteson, IL</b> .....	<a href="http://www.factfindersgroup.com">www.factfindersgroup.com</a>

**Livescan Fingerprint Vendors (cont'd)**  
**Certified by the Illinois State Police**  
**Approved by the Department of Financial and Professional Regulation**  
Information regarding fees may be obtained from the respective vendor.

Futures in Rehab Management, Inc. (FIRM) .....	217/753-1190
<b>Springfield, IL</b> .....	<a href="http://www.verifyinc.com">www.verifyinc.com</a>
InfoTrack .....	847/444-1177
<b>Deerfield, IL</b> .....	<a href="http://www.infotrackinc.com">www.infotrackinc.com</a>
Kevin W. McClain Inv., LTD .....	618/532-1152
<b>Central City, IL</b> .....	<a href="http://www.mcclaininvestigations.com">www.mcclaininvestigations.com</a>
Kellerman Investigations .....	618/288-6662
<b>Glen Carbon, IL</b> .....	<a href="http://www.kellermaninvestigations.com">www.kellermaninvestigations.com</a>
L-1 Enrollment Services .....	800/377-2080
<b>Springfield, IL</b> .....	<a href="http://www.l1enrollment.com">www.l1enrollment.com</a>
Meador Investigations .....	217/732-1585
<b>Lincoln, IL</b> .....	<a href="http://www.pi-pro.com">www.pi-pro.com</a>
Merchants Police On-Line Security Systems .....	815/964-9900
<b>Rockford, IL</b> .....	<a href="http://www.merchantspolice.com">www.merchantspolice.com</a>
Official Fingerprint Provider .....	312/942-1200
<b>Chicago, IL</b> .....	<a href="http://www.official1.us">www.official1.us</a>
Per Mar Security .....	563/468-6744
<b>Davenport, IA</b> .....	<a href="http://www.permarsecurity.com">www.permarsecurity.com</a>
Rich Wooten & Associates .....	773/651-3826
<b>Chicago, IL</b> .....	<a href="mailto:rawooten@msn.com">rawooten@msn.com</a>
Rockford Detective Agency, Inc. ....	815/282-2822
<b>Loves Park, IL</b> .....	<a href="http://rockforddetective.com">rockforddetective.com</a>
Security Training Solutions .....	618/257-9106
<b>O'Fallon, IL</b> .....	<a href="http://www.hamiltonsecurity.com">www.hamiltonsecurity.com</a>
Sigma Security Services .....	773/779-5541
<b>Chicago, IL</b>	
The Security Professionals, Inc. ....	773/581-8181
<b>Chicago, IL</b> .....	<a href="http://www.secprosinc.com">www.secprosinc.com</a>
Trace Identity Services, Inc. ....	708/754-2900
<b>Chicago Heights, IL</b> .....	<a href="http://www.traceidentitysi.com">www.traceidentitysi.com</a>
United Security Services, Inc. ....	312/922-8558
<b>Chicago, IL</b> .....	<a href="http://www.usesecurity.com">www.usesecurity.com</a>