

## DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH PROFESSIONAL LICENSING ADMINISTRATION BOARD OF MASSAGE THERAPY

To expedite the processing of your **NEW LICENSE APPLICATION** be sure to follow the instructions carefully before mailing your application package. It is important to send in all the required supporting documents listed below based on the method by which you are applying: Please indicate the supporting documents you have included with this package.

EXAMINATION	ENDORSEMENT
<ul> <li>Checklist of Supporting Documents required</li> <li>A complete signed application for DC License</li> <li>Two (2) recent passport photos (2" X 2")</li> <li>Social Security Number or a Sworn Affidavit</li> <li>Name Change Document (Acceptable forms are marriage certificate, divorce decree or court order)</li> <li>National Exam Results (National Certification Examination for Therapeutic Massage &amp; Bodywork)</li> <li>Official Transcript (if in a language other than English, a certified translation is required)</li> <li>\$262 for Application and License Fee</li> <li>Completion of 500 Hours of In-Class Training Form</li> <li>Clear photocopy of a government issued photo ID, such as your valid driver's license, as proof of identity.</li> <li>Proof of Cardiopulmonary resuscitation (CPR) and first aid certification.</li> </ul>	<ul> <li>Checklist of Supporting Documents required</li> <li>A complete signed application for DC License</li> <li>Two (2) recent passport photos (2" X 2")</li> <li>Social Security Number or a Sworn Affidavit</li> <li>National Exam Results (National Certification Examination for Therapeutic Massage &amp; Bodywork)</li> <li>Official Transcript (If in a language other than English, a certified translation is required)</li> <li>Verification of Licensure</li> <li>Name Change Document (Acceptable forms are marriage certificate, divorce decree or court order)</li> <li>\$262 for Application and License Fee</li> <li>Completion of 500 Hours of In-Class Training Form</li> <li>Clear photocopy of a government issued photo ID, such as your valid driver's license, as proof of identity.</li> <li>Criminal Background Check.</li> <li>Proof of Cardiopulmonary resuscitation (CPR)</li> </ul>
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899 North Capitol Street, NE, First Floor, Washington, DC 20002 Telephone (877) 672-2174 Fax (202) 727-8471
PLEASE INCLUDE THIS FORM WITH YOUR APPLICATION