

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING



APPLICATION INSTRUCTIONS AND FORMS FOR A LICENSE TO PRACTICE MASSAGE THERAPY IN THE DISTRICT OF COLUMBIA

Your interest in becoming licensed as a Massage Therapist in the District of Columbia is welcome. We look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read the instructions carefully. All fees are earned when paid, and cannot be transferred or refunded except as specified in these instructions.

This package contains the forms to apply for a Massage Therapy license in the District of Columbia. Follow the instructions provided below and complete all sections. If you require more space for work experience or need to provide explanations for screening questions, attach typed responses to the form.

THE APPLICATION PROCESS

Upon submission of the required application documents, the DC Board of Massage Therapy will review your application. The Board of Massage Therapy normally meets on the 3rd Thursday of each month. You should be scheduled to take the National Certification Examination for Therapeutic Massage and Bodywork or another examination certified by the National Commission of Certifying Agencies and approved at the discretion of the Board or have successfully completed the examination at the time of your application. Upon final Board approval you will be issued a license to practice in the District of Columbia.

If you submit an application that is incomplete or otherwise deficient, our processing staff will notify you of the deficiencies. If the Board has questions or concerns, you will also be notified.

WHERE TO FILE

All documents should be sent to the following address:

Department of Health
Health Professional Licensing Administration
Board of Massage Therapy
899 North Capitol Street, NE, First Floor
Washington, DC 20002

If you have any questions, call HPLA's Customer Service line at 1-877-374-1157 between 8:00 a.m. and 5:00 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required signatures or with incorrect payment will be returned in their entirety, including payment. Please print or type all information except signatures.

EDUCATION REQUIREMENTS

Applicants must have graduated from an approved or accredited educational institution (pursuant to Chapter 75, section 7502.1 of the District of Columbia Municipal Regulations) with a minimum of 500 hours of in-class training programs. A minimum of 100 of these hours shall consist of Anatomy, Physiology, and Kinesiology. The remaining 400 hours must include a majority of hours in massage therapy theory and practice, as well as discretionary related course work, including, but not limited to professional ethics, business practices, health and hygiene, contraindications of massage, cardiopulmonary resuscitation (CPR), and first aid.

FILING DEADLINES AND EXAMINATIONS

National Examination

All applicants must have taken and received a passing score on the National Certification Examination for Therapeutic Massage and Bodywork, Inc. (NCETMB) or another examination certified by the National Commission of Certifying Agencies (NCCA) and approved at the discretion of the Board. The Board shall only consider examination results after the applicant has passed all parts of the examination.

Applicants must arrange for the testing service to forward scores directly to The Board of Massage Therapy.

Please contact the NCETMB for information pertaining to qualifications for the NCETMB examination, dates, location and fees. They can be reached at:

National Certification Board for Therapeutic Massage and Bodywork, Inc.
8201 Greensboro Drive, Suite 300
McLean, VA 22102
Telephone – (800) 296-0664

Pending License Applications

Pending license applications will become invalid after 90 days if the application has not been completed due to failure to submit required materials. Should the applicant wish to pursue licensure after that time, she/he must submit a new application and pay the required fee once again.

GENERAL REQUIREMENTS FOR ALL APPLICANTS

All applicants for a massage therapy license in the District of Columbia shall meet the following requirements:

1. Applicant must be at least 18 years of age; and
2. Applicant must not have been convicted of a crime or moral turpitude which bears directly on the applicant's fitness to be licensed; and

All applicants must submit the following in order to be considered for licensure:

3. A complete and signed application, including required supporting documents;
4. Please submit two (2) identical, recent passport-size photographs (2x2 inches in size) on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies. In addition, we will not accept 3x3 or larger Polaroid - type photos. Please be sure to mail in your two photos and write on the back of the photos your full name and either your license number or Social Security Number. Photos will be placed on the pocket license.
5. You will also need to submit one (1) **clear photocopy of a government issued photo ID**, such as your valid driver's license, as proof of identity.
6. Official certified transcript(s) mailed directly from each **U.S. education institution** showing proof of successful completion of a program in the practice of massage therapy at an approved or accredited institution with a minimum 500 hour in-class training program.
7. Score Report reflecting passing exam results from NCETMB examination.
8. Verification of Licensure (if you were ever licensed in another jurisdiction).

REQUIREMENTS FOR APPLICANTS EDUCATED IN FOREIGN COUNTRIES

1. Meets all requirements of the Chapter except for Section 7502.1; and
2. Demonstrates to the satisfaction of the Board that the applicant's education and training are substantially equivalent to the requirements of the Subtitle and Act in ensuring that the applicant is qualified to practice massage therapy by arranging for an evaluation of the applicant's education and practical training. An applicant shall have successfully completed a training program that meets the standards for accreditation of massage therapy programs equivalent to those set forth in Section 7502.1;

If a document required by this Subtitle is in a language other than English, an applicant shall arrange for its translation in to English by a translation service acceptable to the Board and shall submit a translation signed by the translator attesting to its accuracy.

HOME OCCUPANCY PERMIT

If you are practicing out of your home, you will need to obtain a Home Occupancy Permit in addition to your license. To apply for this permit, you must apply in person at the Department of Consumer and Regulatory Affairs, 941 North Capitol Street N.E., the Permit Issuance Center, Room 2100 (second floor). The application fee is *\$25.00 and the cost of the permit is *\$25.00. The permit is good for life, once obtained, so you do not need to renew it. You will need to bring your license with you at the time of application for the permit. *(Fees are subject to change).

COMPLETING THE LICENSE APPLICATION

Section 1. Requested License Type / Fees

- a. The methods for becoming licensed in the District of Columbia are outlined below. The one letter code/abbreviation for each origin is indicated in parenthesis. Check the correct origin code and description in the "Requested License Type/Fees" in section one of your new license application.

Examination (E)	Successful completion of the National Certification Examination for Therapeutic Massage and Bodywork or other examination approved by the Board.
Endorsement (N)	Hold a license in good standing in another state or territory of the United States with standards which are comparable to DC's requirements and successful completion of the National Certification Examination for Therapeutic Massage and Bodywork or other examination approved by the Board.

- b. Check the corresponding abbreviation and license description for the method of your application. The following license type is available under the Board of Massage Therapy:

License Abbreviation	License Description
MT	Massage Therapist

- c. No specialties are available under the Board of Massage Therapy. The abbreviation "n/a" and the "not applicable" description are provided on the "Requested Specialty" line in section one of the application.
- d. Should you need to obtain additional copies of your license to comply with laws and regulations pertaining to displaying your license at each office where you conduct business, you may order duplicate licenses (a \$34 fee for each duplicate). Mark the "duplicate licenses" box and indicate the number of duplicates needed on the line provided. Indicate the total amount due for duplicates on the line to the right.

You may pay the application and license fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to **DC Treasurer**

and submitted with your license application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed. The application portion of the fee is **NOT** refundable. The license fee portion of the payment is refundable in the event of final denial of a license or a request from an applicant to close the application request. In the latter event, you will have to file all documents again, should you subsequently decide to apply for licensure. It will take approximately six (6) weeks after denial or withdrawal for you to receive your refund. For your information, the application and license fee portions of each application method are listed below:

FEE MATRIX

License Type	Application Method	Application Fee	License Fee	Total Due**
MT	Examination (E)	\$85	\$177	\$262
MT	Endorsement (N)	\$85	\$177	\$262

The **Total Due amount is the fee that must be paid for your DC license to be processed. Your new license fee includes one new license print showing the new effective date and expiration date. A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208).

DC Massage Therapy licenses expire on January 31 of odd numbered years. Your initial license will be valid for the balance of the current renewal cycle. You will be mailed a renewal notice (to your address of record) approximately three (3) months before the expiration of your license/certification. Upon completion of the renewal questionnaire and payment of the renewal fee, your license will be renewed for a two-year period. You should know that you are required by regulation to report all changes of your business or residence address to The Board of Massage Therapy. Our staff will update the address change in your database record. Requests for address change should be made via a letter. Send the letter to The Board of Massage Therapy at the address in the middle of page 1. Without an updated address, you may not receive your renewal notice.

Section 2. Applicant Name/Demographic Information

Enter your legal name exactly as it should appear on the license. The Child Support and Welfare Reform Compliance Act of 2000, Act 13-559, requires that the Department of Health now collect and maintain social security numbers for all licensees. Your social security number will not be made available to the public, but if not provided, your application will be returned to you for completion. All applicants must be at least 18 years of age.

Section 3. Supporting Documents Required

The required supporting documents are listed in this section. Place an “X” in the “YES” box for each item you have included with your application package **or** requested to be sent under separate cover to The Board of Massage Therapy.

Place an “X” in the “NO” box for each item that does not apply for the license type (or licensure method) for which you are applying. Keep a photocopy of all supporting documents for your records.

Section 4. Previous Names

List any other names you have used in the past on the lines provided. If your name has changed at any point since you first attended a college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents include a marriage certificate, divorce decree, court order or spouse’s death certificate.

Sections 5a. & B. Home Address/Business Address

Include both your home and business addresses in the sections provided. Even if you have a PO Box, a street address should also be provided.

Section 5c. Preferred Mailing Address

Place an “X” in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed.

Section 6a. Professional Schools Attended

List all schools that you have attended in reverse chronological order, beginning with the most recent at the top. All applicants must demonstrate educational qualifications by arranging for the educational institution from which the applicant received a massage therapy degree to send an official transcript to the applicant. The applicant should then submit the transcript in the original sealed envelope with the license application to The Board of Massage Therapy. Some universities’ policies may require sending the transcript directly to The Board of Massage Therapy, but it is preferred that it accompany the license application.

Section 6b. Postgraduate Experience

Not applicable.

Section 6c. Professional Licenses In Other States/Jurisdictions

List all jurisdictions in which you have ever been licensed.

If you have been or are licensed in another jurisdiction, a verification of licensure must be submitted directly to The Board of Massage Therapy by all the applicable state boards.

Section 7. Screening Questions

If you answer “no” to question A or “yes” to questions B through J, please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

SECTION 8. Licensee Affidavit

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

ADDITIONAL APPLICATION FORMS

If you need additional copies of this application package you may visit our website at <http://www.hpla.doh.dc.dc.gov> or call HPLA’s Customer Service number at 1-877-374-1157. The forms that make up this package are:

- Massage Therapy, New License Application
- Massage Therapy, Regulations
- Massage Therapy, New License Instructions
- Verification of Licensure Form

SUMMARY OF LICENSURE REQUIREMENTS

The following chart shows the licensure requirements for all application methods. The law governing massage licensure in the District of Columbia is *D. C. Law 6-99, the Health Occupations Revision Act of 1985*. The regulations governing massage therapy licensure are included in *DC Municipal Regulations Title 17, Chapter 75*. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the Department of Health/Board of Massage Therapy if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

SUMMARY OF MASSAGE THERAPY LICENSURE REQUIREMENTS

License Type	Application Method	Signed Application	Two 2" x 2" Photos	Official Transcript ¹	National Exam Results	Verification of Licensure Form ²	Check or Money Order ³
MT	Examination	X	X	X	X	O	\$262
MT	Endorsement	X	X	X	X	X	\$262

X = Required
O = Not required

¹ Applicant must have successfully completed an educational program in the practice of massage therapy at an institution or institutions licensed by the District of Columbia Educational Licensing Commission or, upon discretion of the Board, by the educational licensing authority of another state at the time the applicant graduated. Transcript may be sent directly from the school, but it is preferred that it accompany the application in a sealed envelope.

² If you are or have been licensed in another jurisdiction, a verification of licensure must be submitted directly to Department of Health, DC Board of Massage Therapy by the applicable state boards.

³ Check or money order **MUST** be made payable to DC Treasurer.