



THE STATE
of **ALASKA**
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing

MAS

FOR DIVISION USE ONLY

Board of Massage Therapists

State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: license@alaska.gov
Website: ProfessionalLicense.Alaska.Gov/BoardOfMassageTherapists

Initial Application — Practicing Massage Therapists

July 1, 2015 — September 30, 2017

Under the transitional provisions of Chapter 114, SLA 2014, the Board of Massage Therapy shall waive educational and exam requirements and issue a license to practice massage therapy to a person meeting the requirements of the transitional provisions and who applies for the license before July 1, 2017.

PART I Payment of Fees

| | | |
|---|--|---------------------|
| Check Appropriate Box | <input type="checkbox"/> Nonrefundable Application Fee | \$200 |
| | <input type="checkbox"/> Massage Therapist License Fee | \$290 |
| | <input type="checkbox"/> Fingerprinting Fee | \$60 |
| Make checks payable to: State of Alaska or use the attached credit card payment form | | TOTAL: \$550 |

PART II Personal Information

Fill out each section. Write "N/A" if not applicable.

| | | | |
|---|----------------------|------------------------|----------|
| Full Legal Name | Last | First | Middle |
| Other Names Used (nicknames) | | | |
| Legal Name Changes (document) | | | |
| Mailing Address | Address | | |
| | City | State | ZIP Code |
| Work and Home Phone | Work | Home | |
| | Email Address | Date of Birth | |
| Social Security Number: As required by state law, please provide your United States Social Security Number. It is considered CONFIDENTIAL information and is not for public disclosure; it may be used to verify inter-state licensure. (AS 08.01.100) | | Social Security Number | |

PART III Verification of Massage Therapy Experience / Professional Activities

In order to become licensed under the transitional provisions of Chapter 114, SLA 2014 you must document your qualifications for licensure by proving that you have owned, operated or worked for a massage therapy business *and* performed the practice of massage therapy prior to July 1, 2015.

To verify your massage therapy experience you must provide **one of the following** with this application. Please check the appropriate box to indicate which verifying documentation will be provided:

- A copy of your signed federal income tax return for one of five years immediately preceding your application;
- A copy of your signed Schedule C federal income tax return for one of five years immediately preceding your application;
- A sworn statement from an Alaskan employer attesting that you have practiced massage therapy within five years immediately preceding July 1, 2015 (form provided); a copy of the employer's business license; and a copy of your W-2 or Form 1099-MISC from the same employer.
- A copy of your municipal occupational massage therapy license that was current as of June 30, 2015; or
- Documentation of at least one year of active membership immediately preceding the date of application in a national professional massage therapy association established prior to 2000 that offers professional liability insurance and has an established code of professional ethics;
- Other documentation verifying ownership, operation or employment for a massage therapy business prior to July 1, 2015.

| Identify your employment / operation / ownership in a massage therapy business: | | | | |
|---|------------------|---------|--------------|---------------|
| Dates of Employment / Operation / Ownership | Name of Business | Address | Contact name | Contact Phone |
| | | | | |
| | | | | |

— or —

| Identify each municipal occupational massage therapy license held in the state of Alaska prior to July 1, 2015: | | | |
|---|----------------------------|------------|-----------------|
| License Number | Municipal Licensing Entity | Issue Date | Expiration date |
| | | | |
| | | | |

— or —

| Identify each membership held in a national massage therapy association: | | | | | |
|--|---|-------------------|------------------------|---|---|
| Organization | Established Prior to 2000? | Membership Number | Membership Issue Dates | Professional Liability Insurance? | Code of Professional Ethics? |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

PART IV Required Cardiopulmonary Education

| | | |
|--|-------|----------|
| CPR Certification | Date: | Expires: |
| CPR Certification Attached to this Application: <input type="checkbox"/> | | |

PART V Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial. If you answer "Yes" to any of the questions, please explain dates and circumstances on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, etc.). Applications submitted without the appropriate attachments will be considered incomplete and will not be processed. Failure to fully disclose information pertaining to a "Yes" answer may cause a delay in the processing time of your application. A "Yes" answer may not prejudice your application, however, failure to report honestly may.

- | | | |
|--|------------------------------|-----------------------------|
| <p>1. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.</p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <p>2. Have you held or do you hold ANY professional license that has ever been revoked, suspended, surrendered, subject to stipulation, placed on probation, been subject to any other restriction or disciplinary action in any jurisdiction, or been denied ANY professional license?</p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <p>3. Within the past five years, have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates, or habit-forming drugs?</p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <p>4. Within the past five years have you been disciplined by an employer or national certifying organization for care that did not conform to minimum professional standards, for unethical conduct or for sexual misconduct in connection with the delivery of massage therapy services to a client</p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

All information submitted with this application is considered public information unless required by state or federal law to remain confidential. If additional information of a confidential nature is required, you will be notified in writing. Licensee information, including mailing addresses, is available on the division's website at ProfessionalLicense.Alaska.gov under License Search.

PART VI Notarized Signature

I certify that the information on this form is true and correct to the best of my knowledge and that all credentials supplied by me to support my application are true and correct. The Division may deny, suspend, or revoke the license of a person who has obtained or has attempted to obtain a license by fraud or deceit. The person may also be subjected to criminal charges for perjury or unsworn falsification. (AS 11.56.210)

| | | | | |
|--------------|-----------------------------|--|--|--|
| Notary Stamp | Applicant's Signature: | | Printed Name: | |
| | Notary Public for State of: | | Subscribed and Sworn to Before me on this Day: | |
| | Notary's Signature: | | My Commission Expires: | |



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PART VII Verification of Employment

TO WHOM IT MAY CONCERN: I am applying for licensure to practice massage therapy with the State of Alaska. The Board of Massage Therapists requires that this form be completed by an owner or manager of a massage therapist business at which I have practiced massage therapy within five (5) years immediately preceding July 1, 2015. Please complete this form and return it directly to the Board of Massage Therapists at the above address.

Name: _____

Address: _____

The information below must be completed by the former employer, who must be a massage therapy business at which the above applicant worked as a massage therapist between July 1, 2001 and July 1, 2015.

THIS PART TO BE COMPLETED BY THE FORMER EMPLOYER

| | | | |
|---|--|--------------|--|
| Name of Massage Therapy Business | | | |
| Address | | | |
| Contact Person | | Phone | |

I, the undersigned, hereby attest that _____ worked as a massage
(Name of Applicant)

therapist at _____ between July 1, 2010 and July 1, 2015.
(Name of Massage Therapy Business)

Additional Comments for Board Consideration: _____

Name and Phone Number: _____

Signer's Position in the Massage Therapy Business: _____



Signature

Date



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PART VIII Authorization for Release of Records

To Whom It May Concern:

I, _____
First Name Middle Name Last Name

residing at _____
Address City State ZIP Code

authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my medical, dental, employment, and education records, and any records pertaining to litigation, suits, judgments and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the Division to discuss my records with persons or organizations which are considered appropriate by the Division in connection with an official investigation and to provide copies of my records to those persons or organizations considered appropriate by the Division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis, or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment.

I request that upon presentation of this release, or a certified true copy of it, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for initial issuance of a license as a massage therapist. This authorization expires one year from the date of my signature below.

Signature: _____ **Date:** _____

Home Telephone: _____ **Work Telephone:** _____

! Application Instructions

If you received this application other than directly from the division or the Board's official website, the application may be outdated or not an official version. To ensure you have the official version, please contact the division. Please read the application and all the instructions carefully.

It is the applicant's responsibility to completely and accurately fill out the application and submit all required supporting documents. It is also your responsibility to request official transcripts and original verifications of licensure to be sent to this office. If the supporting documents show a name other than the one on the application (e.g., because of marriage, divorce, or any other reason), include an explanation and a certified true copy of the document that supports that change. Incomplete or incorrect documents will be returned and will cause delays in processing the application.

Please type or print all requested data. If space for any answer is insufficient, use an additional sheet and specify the question to which it relates.

All documents must be originals or certified true copies of the original documents. To obtain a certified true copy, take the original documents and the photocopies to a notary public so s/he can compare each original document to its copy. Write or type "true copy of the original" on the photocopy and have the notary attest to its authenticity by including the notary's signature and seal. Documents not larger than 8½" x 11" are preferred.

DOCUMENTS REQUIRED FOR LICENSURE

The following documents and fees must be on file with the division before the license will be issued:

1. **APPLICATION:** Completed, signed, and notarized. An applicant with a "yes" answer to one or more professional conduct questions must submit a separate written, signed and dated explanation and provide copies of any supporting documents.
2. **FINGERPRINT CARD:** One original 8"x8" FD 258 fingerprint card. Contact the Division of Corporations, Business and Professional Licensing to request a fingerprint card (FD 258) be sent to you. You may also obtain an FD 258 fingerprint card from a business or law enforcement office that provides fingerprinting services. **No other form other than an FD 258 will be accepted by the division.** To avoid delays in licensure, please ensure your fingerprints are rolled out clearly and all applicable personal information is provided as requested on the FD 258 fingerprint card. **All applications will be considered incomplete until a completed card is submitted.** Fingerprint processing can take up to three months, depending on the Department of Public Safety.

3. **FEES:**

| | |
|-------------------------------|--------------|
| Nonrefundable Application Fee | \$200 |
| Massage Therapist License Fee | \$350 |
| Fingerprint Processing Fee | \$60 |
| TOTAL FEES DUE | \$610 |

Make check or money order payable to the State of Alaska. You may pay by credit card by submitting the attached Credit Card Payment Form 08-4438. Do not send payment until notified.

4. **IF YOU ARE A MASSAGE THERAPIST CURRENTLY PRACTICING IN ALASKA, APPLYING UNDER THE TRANSITIONAL PROVISIONS OF CHAPTER 114, SLA 2014, ATTACH ONE OF THE FOLLOWING:**

- **Verification of Massage Therapy Experience/Professional Activities (as indicated in Part III of application)**
 - A copy of signed federal income tax return for one of five preceding years;
 - A copy of signed schedule C for one of five preceding years;
 - A sworn statement from an Alaskan employer attesting that you have practiced massage therapy within five years preceding application; a copy of the employer's business license and a copy of your W-2 or Form 1099-MISC from the same employer.
 - A copy of municipal massage therapy license, current as of June 30, 2015
 - Document of at least one year of active membership in a national massage therapy association; OR
 - Other documentation verifying ownership, operation or employment for a massage therapy business prior to July 1, 2015
- **Verification of Current Cardiopulmonary Resuscitation Certification:** A copy of your CPR card showing issue and expiration date. Online education is acceptable.

YOU ARE REQUESTED TO PROVIDE:

5. **RELEASE:** Completed Authorization for Release of Records form.

NOTE: This release is only used if an investigation is necessary. Confidential information obtained in an investigation, such as medical records, is not subject to public release.

! General Information

APPLICATION PROCESSING:

The amount of time it takes to process the application varies, depending on when all complete and correct documents and fees are received by the division. If the application is incomplete, the applicant will be notified of incomplete and/or incorrect documents and fees. When the application is complete and correct, all supporting documents have been received, and all fees have been paid, a license will be issued and sent to you with an accompanying cover letter with further information about Alaska statutory requirements. If the application is not approved for licensure, a written explanation of the basis of that denial and information on how to appeal the decision will be provided.

LICENSE TERM:

Licenses are issued for a two-year period. However, all massage therapist permanent licenses expire on September 30 of odd-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record.

FINGERPRINTING:

Please be advised that processing is performed by the Department of Public Safety and they require about two months for processing, so plan accordingly.

“YES” RESPONSES:

A “Yes” response in the application does not mean your application will be denied. If you have responded “Yes” to any professional fitness question in the application be sure to submit an explanation and documentation.

DENIAL OF APPLICATION:

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the division, in writing, of changes of address or name. Name and address change notification forms are available on the division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exception from Social Security Number Requirement form located at *ProfessionalLicense.Alaska.gov* or contact the division for a copy of the form.

PUBLIC INFORMATION:

Please be aware that all information on the initial application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.gov* under License Search.

ABANDONMENT:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid, however the application fee will not be refunded. If no request for refund is received within that time frame, no refund will be issued.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Postsecondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

BUSINESS LICENSES:

Renewal applications for business licenses are mailed separately. For more information about business licenses, call (907) 465-2550 or online at *BusinessLicense.Alaska.gov*

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program is available on the division's website at *ProfessionalLicense.Alaska.gov*. If you are unable to download the statutes and regulations, please contact the division and request a copy by mail.

NOTIFICATION OF PROPOSED REGULATION CHANGES

If you would like to receive notice of all proposed regulations changes for your program please send a request in writing with your name, preferred contact method (mail or e-mail) and the program you want to be updated on to:

REGULATIONS SPECIALIST
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806
Juneau, Alaska 99811-0806

! Fingerprinting Requirements

A Massage Therapist license application must be accompanied by a complete fingerprint card (may be used for the Alaska Department of Public Safety (DPS) and for the FBI national check). Fingerprint cards submitted must be those provided by the State of Alaska (printed in the pale blue ink); you may also use the standard FBI Form FD-258. Take the card, the instructions and photo identification to local law enforcement or other authorized agency to have the fingerprinting done. Please follow these instructions and the back of the fingerprint card.

DPS/the FBI will not accept any fingerprint cards that do not comply with the following:

1. No staples or staple holes are permitted in fingerprint cards. Also do not tape, tear or fold the cards.
2. Ensure the prints are done properly and well. Poor quality prints, smudging, non-rolled or incomplete fingerprints will cause the cards to be rejected DPS, the FBI or both.
3. All applicable sections of the top portion of the card must be legible and complete. The information/signatures must be typed, printed or signed in BLACK ink; no other color is permitted. Individual information blocks on the fingerprint cards must be filled in as follows:

NAME: Applicant's last name (comma), first name, then middle name if any; suffix denoting seniority (Jr., Sr., II, etc.) follow the middle or first name.

SIGNATURE OF PERSON FINGERPRINTED: Must be signed by the applicant.

RESIDENCE OF PERSON FINGERPRINTED: Enter the applicant's physical residence address.

DATE: Date fingerprinting was done.

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: Signature of the person who rolled the fingerprints.

EMPLOYER AND ADDRESS AND REASON FINGERPRINTED: These blocks to be completed by the State of Alaska.

ALIASES/AKA: List other names used by applicant that are different than that entered in NAME block; also list maiden names and all previous married names of females. Enter client number, 5097, at bottom of block.

CITIZENSHIP/CTZ: Enter US if a citizen of the United States; otherwise, enter correct country abbreviation.

YOUR NO./OCA: Leave this space blank (Originating Agency Case Number).

FBI NO./FBI: Enter applicant's assigned FBI number, if known.

ARMED FORCES NO/MNU: Leave this space blank.

SOCIAL SECURITY NO/SOC: List applicant's Social Security number.

MISC. NO/MNU: If Alaska resident, enter applicant's Alaska driver's license or state ID # if applicable.

ORIGINATING AGENCY IDENTIFIER (ORI): Leave blank, will be printed with AKAST0100, DPS, ANCHORAGE, AK.

SEX: F (female) or M (male). Note: Indicate if applicant is a transvestite (cross-dresser) or has had a sex change operation. List any opposite sex names used in the Aliases/AKA block.

RACE: Race must be indicated by one of the following one-character alphabetic codes:

A= Asian, Pacific Islander, Chinese, Japanese, Polynesian, Korean, Vietnamese
B= Black
I= American Indian, Alaskan Native, Eskimo
W= White, Mexican, Latin, Puerto Rican, Cuban, Central/South American, and other Spanish cultures
U= Unknown

HEIGHT: Must be shown in feet and inches, fractions rounded off to nearest inch (i.e., 5'11" entered as 511)

WEIGHT: Must be expressed in pounds, fractions rounded off to nearest pound.

EYES: Indicate eye color by one of the following three-character codes:

| | | |
|-------------|-------------|---------------|
| BLK = Black | GRY = Gray | MAR = Maroon |
| BLU = Blue | GRN = Green | PNK = Pink |
| BRO = Brown | HAZ = Hazel | UNK = Unknown |

HAIR: Indicate hair color by one of the following three-character codes:

| | | |
|--------------|-------------|---------------|
| BAL = Bald | BRO = Brown | SDY = Sandy |
| BLK = Black | GRY = Gray | WHI = White |
| BLN = Blonde | RED = Red | XXX = Unknown |

PLACE OF BIRTH/POB: List the state, territorial possession, Canadian province, or country of birth. Use the correct abbreviation for foreign countries or correctly spell the country's name. Do not use city or county name as a POB.

DATE OF BIRTH/DOB: Enter birth date as month, day, year. Fingerprint cards of person 80+ years of age are not processed by the FBI. Note: If DOB is blank, the card will be immediately returned unprocessed.

FINGERPRINT IMPRESSION BLOCKS: (Individual and Simultaneous): It is very important care be taken to prepare the fingerprint cards properly. It will save much more time and avoid rejections to assure acceptability the first time. Use black printer's ink. Fingers should be clean and dry before being inked. Use neither too much nor too little ink nor too little nor too much pressure to make the impressions. To help ensure legibility, all 10 fingers must be rolled from nail to nail, and include the first flexion crease. Detail must be sufficient on all 10 individual prints to clearly define the loop, whorl, arch or other pattern. Roll the prints in the correct sequence.

All instructions must be followed correctly. All information on the card is essential. Please double check your work before sending the card. Illegible, incomplete, or incorrect cards will be rejected and returned unprocessed.



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333 Willoughby Avenue, 9th Floor, Juneau, AK 99801
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CREDIT CARD PAYMENT

For security purposes please do not email credit card information. Fax or mail this credit card payment form to the Division. Completion of this form is not proof of payment until the Division processes the information. If any information on this form is illegible the form will be rejected.

Name of Applicant or Licensee: _____

Type of License: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

- Application Fee
License (or renewal) Fee
Fine
Other (specify):

Amount

Total: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone: _____ Email (optional): _____

Credit Card Type: [] VISA — or — [] Mastercard

Signature of Credit Card Holder: _____

VISA or Mastercard Number: _____ Expiration Date: _____

This section below the dotted line will be destroyed upon processing of the payment.