* BOAR OF THE STATE	Nevada State Board of Massage Therapy 1755 E. Plumb Lane Suite 252 Reno, NV 89502 Phone (775) 687-9955 Fax (775) 786-4264 Email: nvmassagebd@lmt.nv.gov Website: http://massagetherapy.nv.gov
PAPER APPLICATION REQUEST FORM Structural Integration Practitioner Massage Therapist Reflexologist	
	nts of Massage Therapy, Reflexology or Structural Integration to take a National Exam – MBLEX, NCETM, NCETMB, CESI, ITEC,
	Another State or Jurisdiction: Yes No been licensed in and request a verification of licensure to be sent to pired Licenses)
3. Choose <u>one of the fol</u> Request Fingerprint Cards Allow six to eight weeks to process fingerprint cards	 Iowing fingerprinting processes so the correct forms can be sent. Request Live Scan Fingerprinting Voucher Allow up to four weeks to process Live Scan fingerprints. (Live Scan is ONLY available in Las Vegas and Reno Areas)
 Please contact your testing Applications stay on file for 	e following: official transcripts and certificate of completion to our office. agency and request to have your Official Score Report sent to Nevada. one year from date this Application Request form is received in office. months after they are received from Department of Public Safety.
 Complete the form below, p Include a copy of your Drive Include a copy of your current another state/jurisdiction 	er's License/State Identification and Social Security Card. ent Massage, Reflexology or Structural Integration License if licensed in or Money Order for \$510.00. Personal Checks will not be accepted
Legal Name:	SS #:
Current Mailing Address	
 Day Time Phone #	
Place of Birth:	Date of Birth:
Email Address:	

You will receive an application packet in the mail within **10 to 15 business** days. If you have any questions, email us at nvmassagebd@lmt.nv.gov