



**Nevada State Board
of Massage Therapists**
1755 E. Plumb Lane Suite 252
Reno, NV 89502
Phone (775) 687-9955
Fax (775) 786-4264

Email: nvmassagebd@state.nv.us
Website: <http://massagetherapy.nv.gov>

APPLICATION REQUEST FORM

<p>1. Minimum Requirements</p> <p><input type="checkbox"/> Graduated From a Massage Therapy Program with a Minimum of 500 Hours</p> <p><input type="checkbox"/> Have passed or scheduled to take a National Exam or the IASI Exam</p>
<p>2. Currently Licensed in Another State or Jurisdiction: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Contact <u>all</u> states you have been licensed in and request a verification of licensure to be sent to Nevada. (Current and/or Expired Licenses)</p>
<p>3. Choose <u>one</u> of the following fingerprinting processes so the correct forms can be sent.</p> <p><input type="checkbox"/> Request Fingerprint Cards <input type="checkbox"/> Request Live Scan Fingerprinting Voucher</p> <p>Allow four to six months to process fingerprint cards Allow five to seven weeks to process Live Scan fingerprints.</p> <p>(Live Scan is ONLY available in Las Vegas and Reno Areas)</p>
<p>4. Read and Check the following:</p> <p><input type="checkbox"/> Have your school mail your Transcripts and Certificate of Completion to our office at the above address.</p> <p><input type="checkbox"/> Please contact your testing agency and request to have your Official Score Report sent to Nevada.</p> <p><input type="checkbox"/> Applications stay on file for one year from date this Application Request form is received in office.</p> <p><input type="checkbox"/> Fingerprint results expire 6 months after they are received from Department of Public Safety.</p>
<p>5. TO RECEIVE AN APPLICATION PACKET:</p> <p><input type="checkbox"/> Complete the form below, print legibly.</p> <p><input type="checkbox"/> Include a copy of your Driver's License/State Identification and Social Security Card.</p> <p><input type="checkbox"/> Include a copy of your current Massage License if licensed in another state/jurisdiction</p> <p><input type="checkbox"/> Include a Cashiers' Check or Money Order for \$380.00. Personal Checks will not be accepted</p> <p><input type="checkbox"/> All fees are non-refundable</p>

Legal Name: _____ SS #: _____

Previous Names: _____

Current Mailing Address _____

Day Time Phone # _____

Place of Birth: _____ Date of Birth: _____

Email Address: _____

You will receive an Application Package in the mail within 7 to 10 business days.
If you have any questions, email us at nvmassagebd@state.nv.us or review the FAQ tab on our website at www.massagetherapy.nv.gov.

FOR OFFICE USE ONLY			
Paid \$ _____	QB _____	Date Sent: _____	Tracking # _____