



Nevada State Board of Massage Therapy

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Reno, NV 89502

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Email: nvmassagebd@state.nv.us

Website: <http://massagetherapy.nv.gov>

APPLICATION REQUEST FORM

1. Minimum Requirements

- Graduated From a Massage Therapy Program with a Minimum of 550 Hours
- Have passed or scheduled to take a National Exam or IASI Exam

2. Currently Licensed in Another State or Jurisdiction: Yes No

- Contact all states you have been licensed in and request a verification of licensure to be sent to Nevada. (Current and/or Expired Licenses)

3. Choose one of the following fingerprinting processes so the correct forms can be sent.

- Request Fingerprint Cards Request Live Scan Fingerprinting Voucher
- Allow six to eight weeks to process fingerprint cards Allow up to four weeks to process Live Scan fingerprints.
- (Live Scan is ONLY available in Las Vegas and Reno Areas)

4. Read and Check the following:

- Have your school mail your Transcripts and Certificate of Completion to our office at the above address.
- Please contact your testing agency and request to have your Official Score Report sent to Nevada.
- Applications stay on file for one year from date this Application Request form is received in office.
- Fingerprint results expire 6 months after they are received from Department of Public Safety.

5. TO RECEIVE AN APPLICATION PACKET:

- Complete the form below, print legibly.
- Include a copy of your Driver's License/State Identification **and** Social Security Card.
- Include a copy of your current Massage License if licensed in another state/jurisdiction
- Include a Cashiers' Check or Money Order for \$480.00. Personal Checks will not be accepted
- All fees are non-refundable**

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 # _____