



## Nevada State Board of Massage Therapy

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

### APPLICATION REQUEST FORM

#### 1. Minimum Requirements

- Graduated from a program of Massage Therapy, Reflexology or Structural Integration
- Have passed or scheduled to take a National Exam – MBLEX, NCETM, NCETMB, IASI, ITEC, ARCB, IIR or NCBTMB-R

#### 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 official transcripts and certificate of completion to our office.
- 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, Reflexology or Structural Integration 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 packet in the mail within 10 to 15 **business** days.

If you have any questions, email us at [nvmassagebd@state.nv.us](mailto:nvmassagebd@state.nv.us)

#### FOR OFFICE USE ONLY

Paid \$ \_\_\_\_\_ QB \_\_\_\_\_ Date Sent: \_\_\_\_\_ Tracking # \_\_\_\_\_