



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@state.nv.us

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

Temporary License Application

The temporary license application allows you the ability to work while awaiting the results of the criminal history background investigation and/or the exam. To qualify for a temporary license you must:

- Complete the massage therapy application
- Must have passed national exam (MBLEX, NCBTMB, NCETMB, NCETM, NESL, ITEC, IASI, ARCB, IIR) or scheduled to take such examination within 90 days of application.
- Provide verification of licensure showing no positive criminal history or discipline
- Temporary application fee of \$250.00 must be paid in cashier's check or money order only.
- Temporary application fees can be paid using a debit/credit card by visiting our Reno office.

All fees are NON-REFUNDABLE.

A temporary license is issued to you 45 days from the date we receive your temporary application and is valid for 90 days. If you submit the temporary license application after your massage therapy application, we start counting 45 days from the date we receive your temporary license application. During this temporary licensing period you are permitted to work **ONLY** under the supervision of your approved supervisor licensed by the Nevada State Board of Massage Therapy.

Read each statement and initial.

- _____ If your approved supervisor is not present in the massage establishment, **you cannot work.**
- _____ Only one temporary license can be issued.
- _____ You cannot change your supervising massage therapist.
- _____ **Outcall is not permitted with a temporary license.**
- _____ An extension of a temporary license cannot be granted.
- _____ **A temporary license will not be issued if you have any criminal history charges or if you need to appear before the Board for an application review.**

The applicant must be supervised by a licensed massage therapist at all times. I, _____ request the Board to issue a temporary license while I am awaiting the results of the exam and the criminal history background investigation.

Name of applicant _____

Mailing address _____

City _____ State: _____ Zip: _____

Contact Phone # _____

Applicant Signature

Date: _____



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This section must be completed by the supervising massage therapist for the temporary license:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Cellular/
Other _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Nevada State
License Number: NVMT. _____

I, _____ certify that I am the duly licensed massage therapist in Nevada who will be supervising the applicant at my place of business for a period not to exceed ninety (90) days. I understand that I will notify the Board of any changes to the terms of this agreement.

Signature of supervising massage therapist: _____

Date: _____

THERAPISTS PLEASE NOTE:

OUTCALL SERVICE IS NOT PERMITTED ON A TEMPORARY LICENSE