



**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](mailto:nvmassagebd@lmt.nv.gov)

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

**Certified Statement from State Licensing Authority**

**TO BE COMPLETED BY LICENSING AUTHORITY ONLY**

(Transferring from another Jurisdiction)

Dear Sirs,

The applicant listed herein has applied to the Nevada State Board of Massage Therapy for a license for Massage Therapy. In order to complete this application, we request that you complete the following and mail to the Nevada State Board of Massage Therapy at the address listed above. Your assistance in this matter is greatly appreciated.

Sandra Anderson, Executive Director,  
Nevada State Board of Massage Therapy

Applicant Name: \_\_\_\_\_ License Number: \_\_\_\_\_

To be completed by the State Licensing authority in the State(s) where you are currently or have been licensed:

**License Information**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Type of License: \_\_\_\_\_  
License Number: \_\_\_\_\_  
How Issued: \_\_\_\_\_  
Original Licensure Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Status: \_\_\_\_\_

This certified statement issued by the licensing authority in each state/territory or possession of the United States or the District of Columbia in which the applicant is or has been licensed to practice massage therapy during the immediately preceding 10 years verifying that:

The applicant  **has**/ **has not** been involved in any disciplinary action relating to their license; and disciplinary proceedings relating to this license to practice massage therapy  **are**/ **are not** pending.

Case Number: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Date: \_\_\_\_\_

Name of licensing agency/jurisdiction: \_\_\_\_\_

Address: \_\_\_\_\_ State, Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Print agent's name: \_\_\_\_\_

(Official Stamp)