



Massage Therapist Permit Application

Business Information

Provide information about the massage business where you will be employed.

Business Name:		
Business Street Address:		
City:	State:	Zip Code:
Business Telephone Number:		

Applicant Identifying Information

Last Name:	First Name:			
Middle Name:				
Other Names Used (include maiden):				
Home Street Address:	Phone Number:			
City:	State:	Zip Code:		
Sex:	Height:	Weight:	Hair Color:	Eye Color:
Date of Birth:	Age:			
Social Security Number:				

Residence History – Past Ten Years

Current Address:	
From (month / year):	To (month / year):
Previous Address:	
From (month / year):	To (month / year):
Previous Address:	
From (month / year):	To (month / year):
Previous Address:	
From (month / year):	To (month / year):

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Employment / Business History- Past Five Years

Current Employer/ Business Name:

Employer Address:

Occupation:

Title / Rank:

Supervisor Name:

Supervisor Title:

Employer Telephone Number: ()

From: (month / year):

To (month / year):

Previous Employer / Business Name:

Employer Address:

Occupation:

Title / Rank:

Supervisor Name:

Supervisor Title:

Employer Telephone Number: ()

From: (month / year):

To (month / year):

Previous Employer / Business Name:

Employer Address:

Occupation:

Title / Rank:

Supervisor Name:

Supervisor Title:

Employer Telephone Number: ()

From: (month / year):

To (month / year):

Previous Employer / Business Name:

Employer Address:

Occupation:

Title / Rank:

Supervisor Name:

Supervisor Title:

Employer Telephone Number: ()

From: (month / year):

To (month / year):

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Criminal History

Have you ever been arrested or convicted of a criminal offense:

NO YES

[If you answered "YES", provide the following information]

Name of person convicted:	Date of Birth:	Social Security Number:
Offense Location: (City / State)		
Date of Arrest:		
Criminal Charge(s):		
Convicted: YES NO		
Sentence Imposed:		

| **Name of person convicted:** | **Date of Birth:** | **Social Security Number:** |
 Offense Location: (City / State) | | | Date of Arrest: | | | Criminal Charge(s): | | | Convicted: YES NO | | | Sentence Imposed: | | || **Name of person convicted:** | **Date of Birth:** | **Social Security Number:** |
 Offense Location: (City / State) | | | Date of Arrest: | | | Criminal Charge(s): | | | Convicted: YES NO | | | Sentence Imposed: | | |

Massage Experience

List all experience as a massage clinic operator, a massage practitioner, or as a certified massage therapist.

[Include locations, dates and level of experience]

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Professional Licenses

**List all professional licenses held by the applicant from any jurisdiction
[Include permit type, jurisdiction and date of issuance]**

Permit Type:

Jurisdiction:

Date of Issuance:

Permit Type:

Jurisdiction:

Date of Issuance:

Permit Type:

Jurisdiction:

Date of Issuance:

Do you now or have you ever held a license, permit or certification that has been suspended or revoked?

NO YES

If "YES" Provide details:

Proof of Requirements

All applicants must meet the certified massage therapist requirements of the Code of Virginia, 54.1-3029.

Proof of Certification must be attached to this application.

§ 54.1-3029. Qualifications for a certified massage therapist.

A. In order to be certified as a massage therapist, the applicant shall furnish evidence satisfactory to the Board that the applicant:

1. Is at least 18 years old;
2. Has successfully completed a minimum of 500 hours of training from a massage therapy program, having received programmatic approval from the Virginia Board of Education, Division of Proprietary Schools, or certified or approved by the Virginia Board of Education, Division of Proprietary Schools; the State Council of Higher Education; or an agency in another state, the District of Columbia or a United States territory which approves educational programs, notwithstanding the provisions of § 22.1-320;
3. Has passed the National Certification Exam for Therapeutic Massage and Bodywork or an exam deemed acceptable to the Board of Nursing leading to national certification; and
4. Has not committed any acts or omissions that would be grounds for disciplinary action or denial of certification as set forth in this chapter.

B. The Board may certify any applicant who has been practicing massage therapy for up to ten years prior to July 1, 1997, and has completed at least 200 hours of training in an education program. Such programs may be, but shall not be required to be, certified or approved by the Virginia Board of Education, Division of Proprietary Schools; the State Council of Higher Education; or an agency in another state, the District of Columbia or a United States territory which approves educational programs, or has been in practice for ten years or more prior to July 1, 1997, and has completed 20 hours of such training; or has passed the National Certification Exam for Therapeutic Massage and Bodywork prior to 1994.

C. The Board may issue a provisional certification to an applicant prior to passing the National Certification Exam for Therapeutic Massage and Bodywork for such time and in such manner as prescribed by the Board. No more than one provisional certification shall be issued to any applicant.

D. The Board may certify without examination any applicant who is licensed or certified as a massage therapist in another state, the District of Columbia, a United States possession or territory, or another country, and, in the opinion of the Board, meets the requirements for certified massage therapists in this Commonwealth.

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Applicant Photograph

All applicants are required to provide a portrait photograph, which gives a clear view of the face.
Attach a current photograph here.



Applicant Signature and Certification

I affirm that the information provided in this application, including all attachments, is true and correct. I understand that a material omission or misstatement of fact in this permit application is grounds for denial, suspension or revocation of a massage therapist permit.

Applicant Signature: _____

Date: _____ / _____ / _____
MM DD YYYY

Attachments:

_____ **Written authorization of release of information (3)**

_____ **Proof of certification**



**City Of Colonial Heights, VA.
Police Department**

Authorization for Release Information

As an applicant for a Massage Clinic or Massage Therapist permit from the City of Colonial Heights, Virginia, I am required to furnish information for use in the determination of my qualifications and eligibility for the said permit.

I authorize the release of any and all information of a confidential or privileged nature to the City of Colonial Heights and its employees/agents, in connection with my application for a Massage Clinic or Massage Therapist Permit. Furthermore, I consent to a criminal background check, to be conducted by the Colonial Heights Police Department.

I hereby release you, your organization and others from liability or damage, which may result from furnishing the information requested.

I, the undersigned, have read and understand this release

Applicant Signature _____ Date _____

The foregoing was subscribed before me, the undersigned Notary Public in and for the City of Colonial Heights, Virginia, on this _____ day of _____, 20 __, by _____.

(Printed name of applicant)

**_____
Notary Public**

My commission expires _____.