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OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING
ADVISORY BOARD ON MASSAGE THERAPY
 2401 NW 23rd Street, Suite 74, Oklahoma City, OK 73107-2453
 License Department 405.521.2441 • Oklahoma.gov/cosmo

J. KEVIN STITT
 Governor

 Leah Longest
 Board Chair

APPLICATION FOR INDIVIDUAL MASSAGE THERAPIST LICENSE
Affidavit Verifying Lawful Presence (Form 390) is part of this application and must be attached.

First Name _____ Middle Initial _____ Last Name _____

If applicable, indicate former or maiden name: _____

Home Address _____ Apt # _____

City _____ RESIDENCE ADDRESS REQUIRED BY LAW (§59-199.3-B-3). PO BOX IS ACCEPTABLE State _____ ZIP _____

Social Security Number _____ Phone _____ Date of Birth: _____

Email Address: _____

If employed in an Oklahoma Cosmetology or Barbering Establishment, write name and address below:

Have you ever been denied issuance of a license or, pursuant to disciplinary proceedings, have you ever been refused renewal of any license by any agency in Oklahoma or in any other state or country? Yes No *If Yes, attach explanation.*

Have you ever held a cosmetology, barber, manicurist, or facialist license in Oklahoma? Yes No *If Yes, give details (license types, dates, names licensed under)* _____

Are you receiving government assistance, or are you at 140% or less of poverty level? Yes No *If Yes, include documentation.*

Have you ever been convicted of a felony? Yes No *If Yes, submit a certified copy of the record of the Court with this application.*
 A felony conviction will not necessarily disqualify you from obtaining a license.

FEE: Submit cashiers check or money order payable to OSBCB. PERSONAL CHECKS ARE NOT ACCEPTED.

<input type="checkbox"/> Message Therapist - \$100	<input type="checkbox"/> Reciprocity Massage Therapist- \$115
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Attach 2x2 Photo Here
 Tape, Do Not Staple

 Photo must be newer than 1 year

Date of Photo:
 ____ / ____ / ____

- Application must be accompanied by the following:
- Affidavit Verifying Lawful Presence (Form 398 or 399)
 - Applicants that are **NOT** U.S. citizens must submit a copy of the front **AND** back of their Permanent Resident card with Form 399
 - Birth certificate, driver's license, or other government-issued identification that shows that the applicant is at least eighteen (18) years of age
 - Proof of maintenance of current professional liability insurance for the practice of Massage Therapy (copy of policy acceptable)
 - Certificate or transcript of completion from a state-licensed massage school with at least five hundred (500) hours of formal education in massage therapy
 - Score report showing the applicant has passed the Massage and Bodywork Licensing Examination (MBLEx) or the National Certification Board for Therapeutic Massage & Bodywork (NCBTMB)
 - Current criminal history background report obtained from the Oklahoma State Bureau of Investigation (OSBI) that is dated within thirty (30) days from the date of application, must include name based, sex offender, and Mary Rippy Violent Offender searches
 - Full Face Photo taken within the last year, approximately 2" X 2"

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ADDITIONAL REQUIREMENTS FOR RECIPROCITY

If certificate or transcript is from a school outside of Oklahoma, applicant must select the Reciprocity option. If licensed in another state, applicant must submit a certification/affidavit of records from the State Board or appropriate licensing agency where a license has been held. This is a legal document furnished by the State Board with licensing history, number of hours completed, and will include appropriate state seal and official signature. Copies of current state license are not acceptable. Certification must be attached to the application in a sealed envelope or already on file with the Oklahoma State Board of Cosmetology and Barbering Board.

In what state(s) are you currently licensed? _____ License Number(s) _____

APPLICANT MUST COMPLETE ONE (1) OF THE STATEMENTS BELOW

If applicant has **NOT** pled guilty, nolo contendere, or been convicted of any of the offenses listed below, complete Statement A. If applicant **HAS** pled guilty, nolo contendere, or been convicted of any of the offenses listed below, complete Statement B. A guilty plea or conviction does not necessarily disqualify the applicant from obtaining the license. If you have been convicted of a felony, you must submit a certified copy of the record of the Court with this application.

Statement A

I, _____, state, under penalty of perjury, that I have **NOT** pled guilty, nolo contendere, or been convicted of a felony in any jurisdiction; that I have not pled guilty, nolo contendere, or been convicted of a misdemeanor involving moral turpitude in any jurisdiction; or that I have not pled guilty, nolo contendere, or been convicted of a violation of Federal or State controlled dangerous substance laws in any jurisdiction.

Statement B

I, _____, state, under penalty of perjury, that I **HAVE** pled guilty, nolo contendere, or been convicted of one or more of the following: a felony in any jurisdiction; a misdemeanor involving moral turpitude in any jurisdiction; or a violation of Federal or State controlled dangerous substance laws in any jurisdiction. I understand that this statement does not necessarily disqualify me from obtaining this license.

I solemnly swear that the foregoing statements are true and correct.

X _____
Signature of Applicant

Subscribed and sworn before me this _____ day of _____, 20 _____.
State of _____ County of _____
Commission # _____
My commission expires _____ Notary Public _____

