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**OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING**  
**ADVISORY BOARD ON MASSAGE THERAPY**  
 2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107-2453  
 License Department 405.522.5961 • www.cosmo.ok.gov

J. KEVIN STITT  
 Governor  
 MALENA CURTSINGER  
 Executive Director

**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 390)
    - Applicants that are **NOT** U.S. citizens must submit a copy of the front **AND** back of their Permanent Resident card with Form 390
  - 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"

**APPLICATION FOR INDIVIDUAL MASSAGE THERAPIST LICENSE – PAGE 2**

**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 \_\_\_\_\_



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**AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES**

This form is required by law with several other Agency applications.  
**READ AND FOLLOW INSTRUCTIONS CAREFULLY!**

**INSTRUCTIONS FOR COMPLETION OF THIS AFFIDAVIT**

If the applicant is a United States citizen, check the box to the left of the statement, "I am a United States citizen."

If the applicant is NOT a United States citizen, but is a qualified alien under the Immigration and Nationality Act and is lawfully present in the United States, check the box to the left of the statement, "I am a qualified alien under the Immigration and Nationality Act, and I am lawfully present in the United States." Qualified aliens must also submit documents that support their status, such as a front and back copy of INS Form I-551 (commonly referred to as a green card) or a copy of INS form I-94. The Board will review the completed form and may request additional information and status documentation as needed to comply with this law. Qualified aliens must file a new Affidavit annually with license renewals.

Qualified aliens who have become United States citizens since their last license renewal must submit a copy of their Naturalization Certificate.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\* If the applicant is NOT a United States citizen, provide USCIS or alien registration number: \_\_\_\_\_

\* If the applicant is NOT a United States citizen, list country of origin: \_\_\_\_\_

**WARNING!**

**A FALSE STATEMENT ON THIS DOCUMENT IS PUNISHABLE BY UP TO 5 YEARS IN PRISON**

Within the context of the execution of this form, the term "penalty of perjury" means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien and made upon one's oath or affirmation and knowing such assertion to be false. Making such a willful assertion on this form knowing it to be false, is a crime in Oklahoma, and may be punishable by a term of incarceration of no more than five (5) years in prison.

I, the undersigned, being of lawful age, state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

I am a United States citizen.

I am a Qualified Alien under the Immigration and Nationality Act, and I am lawfully present in the United States.

Applicant's Signature X \_\_\_\_\_ Date: \_\_\_\_\_