



State of Idaho

Division of Occupational and Professional Licenses Board of Massage Therapy

BRAD LITTLE
Governor
RUSSELL BARRON
Administrator

11341 W Chinden Blvd.
P.O. Box 83720
Boise, ID 83720-0063
(208) 334-3233
dopl.idaho.gov

ENDORSEMENT APPLICATION INSTRUCTIONS

The endorsement application is for those who are actively licensed, in good standing in another state which has *substantially equivalent requirements*. Those actively licensed in California (CA) must use the “examination application” because CA requirements *are not substantially equivalent* to Idaho requirements.

Completed applications will include all requested information, fees, and the document notarized. Incomplete applications (excluding those items that must be sent directly to our office from an issuing authority) may delay licensure.

FEES

Application fee: \$50.00
Initial Licensure Fee: \$75.00
Total Fee: \$125.00

If requested, the following fees are in addition to the “Total Fee” listed above:

FEES ARE NON-REFUNDABLE. Please make checks and money orders payable to IDOPL. All returned checks are subject to a \$20.00 fee.

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits *may* include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see Idaho Code §§ 67-9401-9407. Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see Idaho Code § 67-2602A.

A.D.A. NOTICE

If you have a disability as defined under the Americans with Disabilities Act, and you require special accommodation regarding your application, please attach a written request for special accommodation that identifies the specific services requested. A request for special accommodation must be accompanied by current medical documentation identifying your disability and supporting the need for the requested accommodation.



BRAD LITTLE
Governor
RUSSELL BARRON
Administrator

State of Idaho

Division of Occupational and Professional Licenses Board of Massage Therapy

11341 W Chinden Blvd.
P.O. Box 83720
Boise, ID 83720-0063
(208) 334-3233
dopl.idaho.gov

APPLICATION CHECKLIST:

- ☐ A complete and notarized endorsement application including the appropriate fees.
- ☐ Proof of age – a clear and readable color copy of a government-issued photo ID such as a passport, valid driver's license, or military ID.
- ☐ If the name provided on this application does not match the required documents, please provide a copy of proof of name change, (Marriage certificate, divorce decree or court order showing the transition of name)

The following requirement applies to those with active California licensure and to those with expired or inactive licensure in another jurisdiction. The document(s) must be ordered by the applicant from the issuing jurisdiction and be sent to this office directly from that entity. A copy of the license will not meet this requirement. Please note that the applicant may provide this information from a "primary source verified" state(s) website if the document includes whether the license or certification has ever been disciplined.

- ☐ A verification/certification document of active California licensure or inactive/expired licensure in any jurisdiction.

If you have any questions, please email the Board office at mas@dopl.idaho.gov.



State of Idaho

Division of Occupational and Professional Licenses Board of Massage Therapy

BRAD LITTLE
Governor
RUSSELL BARRON
Administrator

11341 W Chinden Blvd.
P.O. Box 83720
Boise, ID 83720-0063
(208) 334-3233
dopl.idaho.gov

ENDORSEMENT APPLICATION

I hereby make application for a license to practice as a Massage Therapist under the provisions of Title 54, chapter 40, Idaho Code:

1. **Full Name** (Mr., Mrs., or Ms.) _____

2. **Address of Record** _____
(The above address is a public record.) Street/PO Box City State Zip

3. **Mailing Address** _____
Street/PO Box City State Zip
(Will be used as address of record if none provided above.)

4. **Date of Birth** ____/____/____
mm dd yyyy (Proof of age – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver's license must be attached.)

5. **Social Security No.** ____/____/____ **E-mail** _____
(This is not a public record; required by I.C. § 73-122.) (This is not a public record; required by I.C. § 67-2609.)

6. **Business Phone** (____) _____ **Cell Phone** (____) _____
(This number is a public record.)

7. **Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?** () Yes () No
(To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.)

8. **Have you been licensed as a Massage Therapist in another state, territory, or locality?** () Yes () No
If yes, please list any other states, territories, or localities where you have held a Massage Therapy license and indicate whether active or expired on the following line:

(Certification/Verification of licensure sent directly from the state(s)/locality where the license is held must be received by the Board from the issuing agency before the application can be processed.)

9. **Have you ever been denied registration or licensure by any state, district, or regulatory body?** () Yes () No
(If Yes, please explain what occurred and provide any documents relevant to the denial.)

10. **Have you ever had any license or other authority to practice disciplined or otherwise sanctioned?** () Yes () No
(If yes, a copy of the charges and the final order must be attached and received by the Board before your application is processed.)

11. **Have you ever been convicted, found guilty, or received a withheld judgment or a suspended sentence in any state, territory, or country, other than minor traffic offenses, that may impact your ability, capacity, or fitness to discharge the responsibilities of the profession or occupation?** () Yes () No
(If yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.)

AFFIDAVIT

Upon oath I _____ certify each of the following:

(Print name)

(1) The responses and information provided in this application and in the attached addendum(s) and documentation submitted with this application are true and correct to the best of my knowledge.

(2) I am the applicant named in and who has signed this application.

(3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States.

(4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice.

(5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me.

(6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete.

(7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof.

(8) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

Signature of Applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 ____.

(seal)

Notary Public Official Signature

My Commission Expires