



State of Idaho  
Division of Occupational and Professional Licenses  
Board of Massage Therapy

**BRAD LITTLE** 11341 W Chinden Blvd.  
Governor P.O. Box 83720  
**RUSSELL BARRON** Boise, ID 83720-0063  
Administrator (208) 334-3233  
dopl.idaho.gov

**EXAMINATION APPLICATION INSTRUCTIONS**

This application is for those who are seeking “first time” licensure and for those actively licensed in California (CA) only. CA requirements are not substantially equivalent to Idaho requirements. Those who are actively licensed in another state with requirements substantially equivalent to those in Idaho, must use the “endorsement application.

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: \$65.00**

**Total Fees: \$115.00**

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

**Provisional Permit Fee: \$25.00**

**Temporary Permit Fee: \$25.00**

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

**PROVISIONAL PERMIT INFORMATION**

This permit allows the permit holder to work under the supervision of an actively licensed Idaho massage therapist supervisor for 6 months if the applicant has not failed the national examination more than two times. These permits require a totally complete application for full licensure which includes all documents *except* official examination scores. To request, please submit the “application for full licensure” along with the “provisional permit supervisor affidavit” included in this application. Please include the application fee, initial licensure fee, and the provisional permit fee. Applicants for provisional permits should have their first examination scheduled within 30 days of application for full licensure and request for the permit.

**TEMPORARY PERMIT INFORMATION**

**Please email the Board at [mas@dopl.idaho.gov](mailto:mas@dopl.idaho.gov) to enquire before requesting a temporary permit.** This permit *may* be available to applicants who have completed all the requirements for license and who declare a criminal background with aggravating circumstances. These permits are good for a maximum of 4 months or until the Board acts upon the criminal application, whichever occurs first. The application fee, initial licensure fee, and temporary permit fee are required, along with the “criminal conviction disclosure form” and all required court documents/probation parole documents. Applicants may choose to submit the “Inquiry on Impact of Criminal Conviction” form in advance of submitting this examination application.

**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. For accommodation regarding the examination, please contact the examiner, FSMTB.org.



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#### **APPLICATION CHECKLIST:**

- A complete and notarized examination 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
- Proof of a high school diploma or equivalent. Copy of *one* of the following: high school diploma *or* graduation transcripts, accredited college diploma *or* transcripts, *or* proof of GED.
- 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 items must be ordered by the applicant and be sent to this office directly from the issuing entity:**

- Official Proof of successfully completing a massage therapy program registered pursuant to [chapter 24, title 33, Idaho Code](#), or a comparable authority in another state that consists of the minimum of five hundred (500) in-class supervised hours of coursework and clinic work; **and**
- Proof of successfully passing a nationally recognized competency examination in massage therapy as approved by the Board. The passage of this exam may have occurred prior to July 1, 2012. Approved examinations may be found in [State Licensure Rules](#) available on the [Board website](#).

**The following requirement 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 from the jurisdiction(s) of licensure, whether the license is active or expired.

For questions, please email the Board office at [mas@dopl.idaho.gov](mailto:mas@dopl.idaho.gov)



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**EXAMINATION APPLICATION**

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

Exam       Exam and Provisional Permit       Exam and Temporary Permit

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** \_\_\_\_\_  
(Will be used as address of record if none is provided above.)      Street/PO Box      City      State      Zip

4. **Date of Birth**      /      /       
                                 mm    dd    yyyy  
(Proof of age – a clear and readable 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?**  
(To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.)       Yes       No

8. **Have you received a GED or graduated from a high school or an accredited college or university?**       Yes       No  
(If yes, please submit a copy of one of the following: your high school transcripts, diploma/GED, or college transcripts/diploma as proof.)

9. **Did you graduate from an approved massage therapy program as defined by the Board’s Rules?**       Yes       No  
(This office must receive official transcripts directly from the program before your application will be processed.)

10. **Have you passed a Board-approved examination as defined by the Board’s Rules?**       Yes       No  
(If Yes, official scores must be received from the examining entity before the application will be processed.)

11. **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 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.)

12. **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 will be processed.)

13. **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.)

14. **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

(seal)

\_\_\_\_\_  
Notary Public Official Signature

\_\_\_\_\_  
My Commission Expires



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### PROVISIONAL PERMIT/SUPERVISOR AFFIDAVIT

#### INSTRUCTIONS

In accordance with Rule 330, the Board may issue a Provisional Permit if the applicant meets all the requirements for licensure under section 54-4009, Idaho Code except for having successfully passed a nationally recognized competency examination in massage therapy that is approved by the Board as described in subsection 305.01.

Attached is the required “provisional permit supervisor affidavit” which the applicant and the actively licensed and in good standing Idaho massage therapist supervisor must complete. Both the supervisor and applicant signature must be notarized. Permit applicants may declare up to two supervisors. If you will be under the supervision of more than one therapist, a separate affidavit form is required.

NOTE: A Provisional Permit shall be valid only until the person is granted or denied a license. Applicants will be issued only one provisional permit which shall be valid for a period not to exceed six (6) months or until the applicant has passed the examination and is issued a full license. Applicants must schedule and take their first examination within 30 days of submission of this application. Applicants may not have failed two (2) previous examinations. Provisional permits are not generally extended without proof of good cause, including valid documentation.

#### **Provisional Permit Application Checklist:**

The completed and notarized examination application for full licensure, including the \$115.00 fees and all items required, except examination scores.

The completed and notarized provisional permit supervisor affidavit which includes the \$25.00 fee.

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

The provisional permit will be automatically upgraded to a full license when proof of a passing examination score is ordered by the permit holder and received directly from the Federation of State Massage Therapy Boards (FSMTB.org)

For questions, please email the Board office at [mas@dopl.idaho.gov](mailto:mas@dopl.idaho.gov)



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**PROVISIONAL PERMIT/SUPERVISOR AFFIDAVIT**

I am applying for a **provisional permit** to practice as a massage therapist in the state of Idaho.

Applicant's Name: \_\_\_\_\_ Social Security# \_\_\_\_\_

Address: \_\_\_\_\_

I certify that I have scheduled and will take the exam on \_\_\_\_\_ and I have not failed two previous exams.  
Date mm/dd/yyyy

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

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public Official Signature

My Commission Expires \_\_\_\_\_

**SUPERVISOR**

Must hold a current Idaho massage therapist license and must review and complete the Supervisor Affidavit.

\_\_\_ Primary Supervisor \_\_\_ Secondary Supervisor \*A form must be submitted for each supervisor whenever a supervisor changes.

Name \_\_\_\_\_  
(First) (Middle Initial) (Last)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

(\_\_\_\_\_) \_\_\_\_\_ MAS- \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Telephone) (License No.) (Expiration date)

**AFFIDAVIT OF SUPERVISOR**

I understand that a Provisional Permit shall only allow a person to practice massage therapy under my supervision while we are both at the same location.

I also understand that a Provisional Permit shall be valid only until the person is granted or denied a license; provided however, a provisional Permit shall not be effective for more than six (6) months from the date of issue.

\_\_\_\_\_  
Place of Employment

\_\_\_\_\_  
Signature of Supervisor

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public Official Signature

My Commission Expires \_\_\_\_\_