

APPLICATION FOR REGISTRATION —MESSAGE THERAPIST

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as a Massage Therapist in this state without a Colorado registration effective April 1, 2009. Submission of this application does not guarantee registration. Therefore, do not make life or career decisions based on the probability that you may receive a registration. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Make sufficient copies of each completed form for your personal file as well as extra blank copies to allow for any mistakes.

Checking Your Application Status. Visit Registrations Online Services at: www.doradls.state.co.us to track your application from the date we log it in our database to the date your registration is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least one week from date of mailing before checking the status of your application.

License Expiration Grace Period for New Applicants. All new applicants who are issued a registration within 120 days of the upcoming renewal expiration date will be issued a registration with the subsequent expiration date. For example, registrations issued between October 1, 2010, and January 31, 2011, will reflect a registration expiration date of January 31, 2013. Registrations issued prior to October 1, 2010, will reflect an expiration date of January 31, 2011, and must renew in the upcoming renewal period.

- ✓ All Massage Therapist registrations expire on January 31 of odd numbered years and must be renewed to continue practicing.

Social Security Number is Required. By Colorado statute, you must provide your social security number. If you live outside of the United States and do not have a social security number, you must complete an SSN affidavit. The affidavit is available on our website at www.dora.state.co.us/registrations/SSNAffidavit.pdf or you may call (303) 894-7800 to request that one be mailed to you.

Name Change Documentation. If your name has changed since you obtained a previously issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e. divorce decree, marriage license, or court order).

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Registrations Online Services at www.doradls.state.co.us.

Application Good for One Year. Your application will be kept on file for one year from date of receipt. Your file will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

Denial of Registration. The Director shall deny a registration if the applicant has committed any act that would be grounds for disciplinary action under Section 12-35.5-111 or the applicant was convicted of or plead guilty to a charge of sexual behavior defined in Section 16-22-102, C.R.S., or any prostitution-related offense, whether or not the act was committed in Colorado.

STATE OF COLORADO

DEPARTMENT OF REGULATORY AGENCIES**Division of Registrations**

1560 Broadway, Suite 1350
Denver, Colorado 80202
Phone (303) 894-7800
Fax (303) 894-7693
TTY: Dial 711 for Relay Colorado
www.dora.state.co.us/registrations

Department of Regulatory Agencies

D. Rico Munn
Executive Director

Division of Registrations

Rosemary McCool
Director



Bill Ritter, Jr.
Governor

Dear Applicant:

Thank you for your interest in becoming a licensed professional within the Division of Registrations. Before you submit your application, I want to make you aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Registrations is “public protection through effective licensure and enforcement.” One way the Division safeguards the public is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your licensure application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

My attorney told me I didn't have to disclose the criminal conduct or disciplinary actions.
I didn't think the prior conduct had anything to do with the profession.
I didn't think the disciplinary action, arrest, charges, or conviction was still on my record.
I didn't think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts annual audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

Sincerely,

Rosemary McCool, Director
Division of Registrations

AFFIDAVIT OF ELIGIBILITY

Pursuant to H.B. 06S-1009, C.R.S 24-34-107, **ALL** applicants for original licensure or licensees renewing a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

Section A: LAWFUL PRESENCE in the United States.

I, (please print your full name) _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check 1, 2 or 3 below):

1. ___ I am a US citizen.
2. ___ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
 - a. ___ I am a qualified alien as defined in 8 U.S.C. sec 1641.
 - b. ___ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended.
 - c. ___ I am an alien who is paroled into the US under 8 U.S.C. sec. 1182 (d) (5).
3. ___ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
 - a. ___ I am a US citizen, not physically present or employed in the United States.
 - b. ___ I am a Foreign National, not physically present or employed in the United States.

If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.

Section B: Secure and Verifiable Document. This section must be completed if you checked number 1 or 2 in Section A.

1. Please check one of the following acceptable secure and verifiable documents. Complete documentation must be provided upon request only.
 - Any Colorado Driver License, Colorado Driver Permit or Colorado Identification Card, expired less than one year. (Temporary paper license with invalid Colorado Driver License, Colorado Driver Permit, or Colorado Identification Card, expired less than one year is considered acceptable.)
 - Out-of-state issued photo Driver's License or photo identification card, photo driver's permit expired less than one year.
 - Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa.
 - Valid I-551 Resident Alien or Permanent Resident card.
 - Valid foreign passport accompanied by an "I-94" indicating a specific future "until" date.
 - Valid I-94 issued by Canadian government with L1 or R1 status and a valid Canadian driver's license or valid Canadian identification card.
 - Valid Temporary Resident Card.
 - Valid I-94 with refugee/asylum stamp.

(document list continued on page 2)

- Valid 1688B or 1766 Employment Authorization Card.
- Valid US Military ID (active duty, dependent, retired, reserve and National Guard).
- Tribal Identification Card with intact photo (US or Canadian).
- Certificate of Naturalization with intact photo.
- Certificate of (US) Citizenship with intact photo.
- Passport issued by the U.S. Government with one of the following documents: Social Security card; marriage, divorce or separation certificate or decree; or a Colorado or Federal tax return.
- Colorado Department of Corrections Inmate Identification Card with a Social Security card issued by the United States Government.

2. Enter the state or the federal agency name where this secure and verifiable document was issued.

_____ (If issued by a state agency, include both the state and agency name.)

3. What is the secure and verifiable document number? _____

4. What is the expiration date of your secure and verifiable document? ____/____/____ (month/day/year)
 (If you hold a document without an expiration date, such as a military ID or naturalization certificate, write N/A.)

Section C: Attestation.

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

 Signature

 Date

 Please print your name as shown on your secure and verifiable document.

Professional License Type: _____

License Number (if already licensed): _____

APPLICANT CHECKLIST

To obtain a Colorado registration to practice massage therapy, you must submit the following:

- A completed application, with the non-refundable application processing fee.** See application form for current fees. Fees must be paid by check or money order drawn in U.S. dollars payable to the State of Colorado. All fees are non-refundable and subject to change every July 1.
- Completed Affidavit of Eligibility Form (attached).** Pursuant to CRS 24-34-107, all applicants for registration are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.
- If you hold an active license in another state or U.S. territory** you must also verify your registration or licensure from another state. Include a printout of your current active license from the state's webpage verifying your license with your application.
- Massage Therapist Fingerprint and Background Check:**
 - You must submit fingerprints to the Colorado Bureau of Investigations (CBI) for a state and national background check.
 - Instructions for the background check process are included in the application or visit: www.dora.state.co.us/massage-therapists
 - You cannot use a previous or recent background check. You must submit a background check specifically for your Massage Therapist registration.

Return your completed application packet and all supporting documentation to:

Division of Registrations
Office of Licensing—Massage Therapist
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-7800 / FAX: (303) 894-7693

**MASSAGE THERAPIST
FINGERPRINTING AND BACKGROUND CHECK INSTRUCTIONS**

You must submit fingerprints to the Colorado Bureau of Investigation (CBI) for a state and national background check and the Division of Registrations must receive the results of that background check prior to issuance of a new registration.

IMPORTANT

It can take twelve (12) weeks for this process to be completed. Please read the following instructions and begin the background check process immediately.

There are two methods for fingerprinting – manually or electronically. Many police departments will utilize the rolled ink transfer of fingerprints onto a card. This ink method can have the highest rate of failure due to lower quality of print characteristics. However, some agencies will electronically transfer fingerprints on to the card. The electronic method is the preferred method if available.

Complete the following steps:

1. First, determine where you will have your fingerprints taken. Unless the fingerprinting is done and submitted by one of the following agencies, the background check will be void. You may be fingerprinted by any of the following agencies:

Arapahoe Community College

5900 South Santa Fe Drive, 2nd floor, Room M-2600
Littleton, CO
303-797-5800

Hours: Monday – Thursday 8:00 a.m. – 6:00 p.m. and Friday 8:00 a.m. – 4:00 p.m. No appointment necessary.

Cash, checks and credit cards accepted.

Fingerprint cards not needed, electronic method used for fingerprinting and submittal to CBI.

All applicants must bring a valid driver's license or passport for identification purposes.

OCA # CONCJ0749

Colorado Correctional Industries

4999 Oakland Street
Denver, CO 80239
303-370-2165

Hours: Monday – Friday 8:00 a.m. – 4:00 p.m. No appointment necessary.

Cash only, no checks or credit cards.

Fingerprint cards provided.

Your local law enforcement agency

Contact the agency you will use to find out if they (a) use the electronic (preferred) or manual method for fingerprinting, (b) if they supply the appropriate Fingerprint Card (Form FD258) or if you need to obtain the card and (c) for information regarding residency requirements, hours of operation and cost.

Take these instructions with you to the agency where you will be fingerprinted.

2. If the agency does not provide the Fingerprint Card (Form FD258), you may obtain the card from the Colorado Correctional Industries' Forms Center by calling 303.370.2165 or by completing and mailing in the form on the internet at <http://www.coloradoci.com/> or in person at the center (see above address). Costs, instructions and directions can also be found online. Fingerprint Cards are not available through the Division of Registrations Office of Massage Therapist Registration.
3. Fill out the Fingerprint Card (Form FD258) using only black ink and following the instructions on the back of the form. No other forms or cards will be accepted. Be sure you know and accurately complete all of the identification information required. Complete the following spaces on the card as indicated. If you obtain a fingerprint card from your local law enforcement agency, you must complete the ORI information exactly as shown in these instructions or the card will be rejected.

| EMPLOYER AND ADDRESS | REASON FINGERPRINTED | YOUR NO. OCA | ORI (if not already completed as follows): |
|---|--|--------------|--|
| Massage Therapist Registration 1560 Broadway, Suite 1350 Denver, Colorado 80202 | Massage Therapist Registration CRS 12-35.5-101 | CONCJ9300 | COCBI0000 COLO B OF I Denver, CO |

4. Take the Fingerprint Card (Form FD258) to a local law enforcement agency to be fingerprinted. Remember to call for cost and for hours of operation since not all agencies conduct fingerprinting daily. Sign the card and ensure the person performing the printing process signs in the space titled: "Signature of Official Taking Fingerprints."

5. Mail the completed Fingerprint Card and exact fee to:

Colorado Bureau of Investigation (CBI)
690 Kipling Street, Suite 3000
Denver, CO 80215

CBI charges \$39.50 to conduct the criminal history check. **The CBI does not accept personal checks.** Payment can be made (payable to CBI) by Money Order, Cashier Check, or Company check. CBI phone number is (303) 239-4208.

Note that CBI will return the card and payment requiring re-submittal for an additional fee if: (1) fingerprints are not readable, due to low quality of print characteristics; (2) payment is not made in the exact amount (\$39.50); (3) the wrong fingerprint card is used (you must use Form FD258).

6. CBI will complete the background check and submit it directly to the Division of Registrations Office of Massage Therapist Registration. Please do not call the Division to check on the status. This part of the process may take up to 12 weeks.

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

APPLICANT INFORMATION

| | | | | |
|---|--|--------------------------------------|--|--|
| Name: Last: | | First: | Middle: | Suffix: |
| Previous Name(s): | | | | |
| Social Security Number: * | | Date of Birth (mm/dd/yy): | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Place of Birth (city and state, or foreign country): | | | | |
| Mailing Address: <i>This is a</i> <input type="checkbox"/> Home <input type="checkbox"/> Business | | PO Box, Street: City, State, Zip: | | |
| Daytime Telephone Number: () | | | E-mail Address: Preferred method for communication: <input type="checkbox"/> Mail <input type="checkbox"/> Email | |

REGISTRATION REQUIREMENTS

I attest that I meet at least one of the following requirements for massage therapist registration:

1. I have at least five (5) years of professional experience practicing massage therapy and have completed at least three hundred (300) hours of massage training.

Number of years of practice: _____ Number of hours of practice: _____

2. I have attained a degree, diploma, or otherwise successfully completed a massage therapy program that consists of at least five hundred (500) total hours of course work and clinical work from an approved massage school.

School Name : _____ Date of Graduation : _____
 City & State or Foreign Country: _____

3. I have passed one of the following examinations approved by the Director:

___ MBLEx (Massage and Bodywork Licensing Exam) offered by Federation of State Massage Therapy Boards
 ___ NCETMB or NCETM offered by National Certification Board for Therapeutic Massage and Bodywork

***Social Security Number Disclosure:** Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting disciplinary actions to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

OFFICE USE ONLY **REGISTRATION NUMBER:** _____ **DATE ISSUED:** _____

Applicant Name: _____

LICENSING INFORMATION

List each jurisdiction in which you are or have ever been registered or licensed as a Massage Therapist (if needed, attach an additional sheet using the same format). If none, state N/A (not applicable) below.

| <u>State</u> | <u>License Number</u> | <u>Year License Issued</u> | <u>Disciplinary Action Against License?</u> | <u>Is this License Active?</u> |
|--------------|-----------------------|----------------------------|--|--|
| _____ | _____ | _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| _____ | _____ | _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

LIABILITY INSURANCE

I attest that I carry and maintain professional liability insurance in an amount of not less than \$50,000 (fifty thousand dollars) per claim with an aggregate liability limit for all claims during the year of \$300,000 (three hundred thousand dollars) as required by C.R.S. 12-35.5-116.

YES NO

SCREENING QUESTIONS

If you respond "YES" to any of the following questions, you must provide the following for each "YES" response:

- An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
 - Date(s) of event/offense
 - Description of event/offense
 - Location/court
 - Current status/outcome

You may be required to provide the following:

- Copies of legal documents relating to the event/offense.
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

1. Are there any pending complaints against you in any other jurisdictions? YES NO
2. Has any disciplinary action ever been taken regarding any massage therapist license or other healthcare professional license which you now hold or have ever held? YES NO
3. Within the last five years, have you been diagnosed or treated for any physical or mental condition or disability which rendered you unable to treat patients with reasonable skill and safety or which may endanger the health or safety of persons under your care? YES NO
4. Within the last five years, have you been dependent on or addicted to alcohol or any habit-forming drug, or abused or engaged in the habitual or excessive use of any such habit forming drug or controlled substance? YES NO
5. Have you ever been convicted of a felony, pled guilty or *nolo contendere* to a felony, or accepted a deferred judgment or deferred prosecution to a felony charge? YES NO

ATTESTATION

I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the information contained in this application is true and correct to the best of my knowledge. In accordance with 18-8-501(2)(a)(I), C.R.S. false statements made herein are punishable by law and may constitute violation of the practice act.

Signature of Applicant

Date