



Oregon

John A. Kitzhaber, MD, Governor

Board of Massage Therapists

748 Hawthorne Ave NE

Salem, OR 97301

Phone: (503) 365-8657

Fax: (503) 385-4465

www.oregon.gov/OBMT

Mid-Cycle Inactive to Active Renewal Form

Inactive to Active Status: To reactivate your inactive license you must provide proof of the number of continuing education hours for each renewal period that you were inactive and pay the \$100 remaining license fee, which is the difference between the inactive and active fee. ****See information below regarding the submission of a completed fingerprint card.**

Continuing Education: Unless this is your first renewal period you are required to submit a completed Continuing Education Form (see reverse) along with the required proof of Continuing Education (CE). The total number of CE hours required is 25 per each two year renewal period up to a maximum of 50 CE hours and the minimum number of "contact hours" is half of the total due.

CPR: Effective January 1, 2008, you are required to submit proof of current adult basic CPR as part of your Active renewal requirement. CPR may be submitted for continuing education. If taken in the presence of an instructor, the hours may be applied toward your "contact hours" for a maximum of 4 hours. Online courses are acceptable.

Address/Name Changes: Changes must be submitted in writing via fax, US mail, website or renewal form. Name changes must be accompanied by legal verification (e.g. a government issued ID, driver's license, marriage certificate, passport or divorce decree). A penalty of up to \$1,000 may be imposed for failing to notify the Board within 30 days of any change.

Practicing Without a License: Advertising or practicing massage without a current Active Massage License issued by the OBMT is a violation of state law and subject to civil penalties of up to \$1,000 per violation assessed by the Board.

Remember to:

- ✓ Verify the information in all sections is accurate and complete.
- ✓ Provide all required documents. (CE, name change, arrest record, etc.)
- ✓ Sign the application.
- ✓ Enclose appropriate payment including the late fee if applicable. You may pay by check, money order payable to OBMT **or** credit card (Visa or MasterCard).

Please note that as of January 1, 2012 a new law went into effect requiring fingerprinting of all new licensees, LMTs returning from inactive to active or lapsed to active.

Per OAR 334-010-0018

Criminal Background Checks, Fitness Determinations

(1) The Board requires a criminal background check of all applicants for a massage therapist license to determine the professional fitness of an applicant. These must be provided on prescribed forms provided by the Board. Fingerprints may be obtained at a law enforcement office or at a private service for checks against state law enforcement data systems and national data sources. Any original fingerprint cards must subsequently be destroyed by the Oregon Department of State Police.

(a) The Board requires a criminal background check of all applicants for an **initial license**; licensees applying to reinstate a lapsed license or licensees applying to reactivate an inactive; and licensees under investigation to determine the professional fitness of an applicant or licensee.

*****You must provide your fingerprint card and the \$47.25 processing fee payable to OBMT.**

**A LICENSE CANNOT BE ISSUED UNTIL ALL APPLICATION REQUIREMENTS ARE COMPLETE
AND ALL FEES HAVE BEEN PAID.**

OBMT Continuing Education Form

Last Name: _____

First Name: _____

LMT License #: _____

I certify that this information is true and accurate. I understand that per OAR 334-010-0050 (5), "If the board finds indications of fraud or falsification of records, investigative action shall be instituted. Findings may result in disciplinary action including revocation of the licensee's license."

Signature: _____

Date: _____

See OAR 334-010-0050 for the complete Administrative Rules concerning continuing education.

PLEASE READ BEFORE COMPLETING THIS FORM:

- ✓ Please only submit copies of documentation for the number of CE hours required for this renewal.
- ✓ CE hours must be relevant and pertain to your massage practice and enhance your massage knowledge.
- ✓ Excess "contact hours" may be carried over for one renewal period. The licensee is responsible for ensuring that carry-over CE has not been submitted twice. The OBMT will randomly audit carry-over hours for compliance.
- ✓ It is licensee's responsibility to track CE hours submitted to assure hours are in compliance. Documentation of CE must be maintained by each **licensee** for a minimum of **five years**.
- ✓ One CE is equal to one clock hour.
- ✓ Courses/media may only be counted once per renewal period.
- ✓ CE courses taken for National Certification or licensure in another state may be used for Oregon licensure provided they meet Oregon CE requirements.
- ✓ OBMT does not regulate CE providers. It is the licensee's responsibility to be diligent when selecting providers.
- ✓ Different types of CE require specific documentation. Please refer to the categories below for further details.

Contact Hours: You must submit proof of the minimum number of CE "contact hours" required.

"Contact hours" are in the physical presence of an instructor with other massage, bodywork or healthcare professionals.

Attendance in class, workshop, training or Board Meeting

Attach copies of transcript, certificate of completion or letter of verification. Documentation must include the provider's name, address, and phone number, CE topic, date, and total number of CE hours received.

Total Contact Hours Submitted _____

Non-Contact Hours: Excess "contact hours" may be submitted in place of the following categories.

Research work or published author

Attach abstract of work(s), contact information of research agency or publisher.

#CE hours _____

Volunteer massage at an organized event

Attach a letter of verification from the event(s) coordinator that includes your name, event title, date of event, time, and organizers contact information.

#CE hours _____

Telecommunication or on-line course(s)

Attach copy of transcript, certificate, or proof of completion including provider contact information.

#CE hours _____

Self-study based on media (i.e.: book, periodical, audiocassette, VHS/DVD)

Attach a one-page summary on what you learned and how you might or might not incorporate it into your practice. Include title, author, publisher information and number of hours to read/watch.

#CE hours _____

Serve as a board/committee member, examiner or attend a board meeting

Attach list of days worked/attended (*limit one (1) CE per day*)

#CE hours _____

Teaching, mentoring or peer supervision

Attach proof of teaching: pay stub, letter of verification from employer, attendee sign in sheet.

#CE hours _____

Other: Learning experiences not listed

Contact the Board office for advice.

#CE hours _____

Total Non-Contact Hours _____

Total CE hours submitted for this renewal period _____



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MID-CYCLE to ACTIVE RENEWAL FORM

LMT License #: _____ Last 4 digits of SSN: _____ Birth Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Nickname: _____ Other Names: _____

Public Email Address: _____

Personal Email Address: _____

Home Address:
(Must be physical address)

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Work Name:
(Location where the majority of massage is performed)

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Work Cell: _____

Mailing Address:

City: _____ State: _____ Zip: _____

Do you want to be excluded from the mailing list: **NO** **YES** (If you mark yes, you will still receive Board mailings)
The mailing list allows companies or individuals to distribute information about CE's, products, etc.

Mark which address that you want to appear on the website Licensee Verification screen:
 Home **Mailing** **Work** **None** (If "None" is selected, the City, State and Zip will still appear)

List the primary modalities you are practicing: (e.g.: Swedish, Reiki and Reflexology)

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

I hold a license to practice in the following health related field(s):
(Please include the state where the license is held)

STOP! Read the instructions completely before answering the following character questions.

Any **FALSE STATEMENT** knowingly made in this application is grounds for revocation or suspension of your license. If in doubt, disclose and explain rather than conceal. If you answer 'no' to question 4 based upon an "expungement", order "setting aside" or "sealing" of a record of a conviction or conditional discharge (diversion) you must personally verify with the court directly involved that the expungement, setting aside or sealing actually has taken place. An erroneous belief that a conviction has been expunged, set aside or sealed, when in fact it has not, will be deemed a false statement.

Please read each question **completely**. You must answer each question "yes" or "no", whichever is true.

1.	Since your last active renewal are you currently required to register in this state or any other state as a sex offender?	
2.	Since your last active renewal have you been investigated, disciplined or denied licensure by this or any other governmental licensing agency?	
3.	Since your last active renewal have you surrendered any professional license in any State, territory or jurisdiction?	
4.	Since your last active renewal have you been arrested or convicted for: (a) any felony; (b) misdemeanor; or (c) any major traffic violation, such as: driving under the influence of intoxicants or drugs <ul style="list-style-type: none"> STOP: Major traffic violations such as: Tickets for Driving under the influence of drugs or intoxicants (even if you received diversion or if the case was dropped or dismissed); MUST BE REPORTED! 	
5.	Since your last active renewal have you abused or been treated for the abuse of alcohol, a controlled, or mind altering substance?	
6.	Since your last active renewal have you received any in-patient mental health care for a psychological, addiction, or chemical dependency issue that affected your ability to safely practice?	

If you answer "Yes" to any of the questions above you **MUST** attach a detailed written explanation of the circumstances leading to and the outcome of the situation **AND** include copies of all related official documentation, including but not limited to: police reports, court documents, final actions and/or order, treating physician documentation, etc.

By my signature below I hereby certify that the information submitted on or relating to this form is true and correct and grant the Board permission to check civil or criminal records to verify any statement made on this application. The Board may **revoke** any license upon evidence that the applicant knowingly made any false statements in the application for this license. I understand that providing incomplete or inaccurate information **WILL** result in a delay of my renewal and may result in disciplinary action by the Board.

Signature of the Applicant

Date

By my signature below, I certify that: I have read and will comply with the current Oregon Revised Statutes (ORS) and Administrative Rules (OAR) governing massage.

<p>FOR ACTIVE STATUS:</p> <p>I certify that I have completed and attached proof of the required Continuing Education hours.</p> <p>Signature: _____ Date: _____</p>
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*****Please provide payment information on the following page.*****

For Office Use Only:	Updated date/initials _____	Paid date/initials _____
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PAYMENT INFORMATION

By my signature below, I authorize the Oregon Board of Massage Therapists to debit my credit card or debit card the indicated authorized amount.

Signature _____

Date _____

Note: Once payment has been processed, please remove this section and shred

Check:
(Make payable to OBMT)

Check #: _____

Amount: \$ _____

Please circle option:

Visa / MasterCard

Card #: _____ Exp Date: _____

V-code: _____ (for Visa only, reverse side of card)

Authorized Amount to Charge: \$ _____

Billing Address of Card: Street #: _____ Zip Code: _____

(Example: Write 748 for 748 Hawthorne Ave NE. Do not write the entire address.)

Complete and Return to: OBMT 748 Hawthorne Ave NE, Salem, OR 97301 or via fax at 503-385-4465