



NORTH CAROLINA BOARD of MASSAGE & BODYWORK THERAPY

Mailing Address: PO Box 2539, Raleigh, NC 27602 Phone: 919.546.0050

Location Address: 150 Fayetteville Street, Suite 1910, Raleigh, NC 27601

APPLICATION FOR LICENSE RENEWAL

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY:

Check Amount: \$ _____

Received On: _____

Processed By: _____

Check Number: _____

Returned On: _____

Approved By: _____

Applications for License Renewal must be typed or printed in ink and submitted with a \$100.00 non-refundable money order or check made payable to NCBMBT. Incomplete or partial applications will be returned. Applications for License Renewal are only accepted between August 1st and November 1st of your designated renewal year. Applications for License Renewal received before August 1st will be returned. Applications postmarked after November 1st will incur a \$75.00 late fee.

North Carolina License Number: _____

Is this your first renewal and have you been licensed less than two years? Yes No

PERSONAL INFORMATION:

Last Name: _____ First: _____ Middle: _____ Maiden: _____

Mailing Address: _____ County of Residence: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Social Security #: _____ Date of Birth: _____

Cell Phone: (____) _____ Email Address: _____

DOES THIS REFLECT:

Name Change? Yes No - *If your answer is "yes", a photocopy of the court document relating to a marriage, divorce or name change must be submitted or the name cannot be changed.*

Address Change? Yes No - *If you answered "yes" to address change, list previous address below:*

Address: _____ City: _____ State: _____ Zip: _____

EMPLOYMENT:

Place of Employment: _____

Mailing Address: _____ County of Business: _____

City: _____ State: _____ Zip: _____ Work Phone: (____) _____

IF YOU ANSWER "YES" TO ANY QUESTION BELOW, A DETAILED LETTER OF EXPLANATION ALONG WITH THE DOCUMENTATION INDICATED AFTER EACH QUESTION MUST BE SUBMITTED.

1. Since the last renewal of your license have you been convicted or plead guilty or no contest to a felony or any crime, such as fraud, that involves moral turpitude? **If so, request a criminal records check be sent by the appropriate entity directly to the Board.** Yes No

 2. Since the last renewal of your license have you had a license denied, restricted or disciplined by any other licensing board or national certifying body? **If so, send a request to the board/body where your disciplinary action occurred for a copy of the decision to be sent directly to the Board.** Yes No

 3. Since the last renewal of your license have you had any involvement in a civil lawsuit arising out of or related to your practice of massage and bodywork therapy? **If so, send details of the civil lawsuit to the Board.** Yes No

 4. Do you currently have, or since the last renewal of your license have you had, any mental, emotional, and/or physical disease or condition, including alcohol or other substance abuse, that may presently interfere with your ability to competently and safely perform the essential functions involved in the practice of the profession? Yes No

 5. Since the last renewal of your license have you been addicted to, or used in excess, any drug chemical substance, including alcohol, or been treated for a drug or alcohol addiction or participated in a rehabilitation program? Yes No
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I hereby affirm that I have read all questions on this renewal application and have answered truthfully, accurately and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against by North Carolina license. I also affirm that I have read and comply with the North Carolina Massage and Bodywork Therapy Practice Act and Rules and Regulations of the Board. **Unsigned applications are incomplete and will be returned. In order for this renewal to be considered "on time" all required forms and fees must be complete and postmarked by November 1. Licenses are not considered renewed until processed by the Board office.**

Signature _____ Date _____

CONTINUING EDUCATION FORM

List each of the courses completed and submit **copies of the Certificates of Completion** for the courses listed. Courses submitted for continuing education hours, which are approved by the National Certification Board or the National Certification Commission for Acupuncture and Oriental Medicine, **MUST** include the approved provider number of the course provider. This page must be completed, signed and dated; otherwise it will be considered an incomplete renewal application and returned to you. *(You may photocopy this page)*

Course Title: _____ Approved Provider Number: _____ Location (City, State): _____ <i>(If course is home study or distance learning, leave location blank)</i> Instructor's Name: _____ Date Course Completed: _____	<i>(Check ALL Blocks That Apply To This Course)</i> <input type="checkbox"/> NCBTMB or <input type="checkbox"/> NCCAOM <input type="checkbox"/> College / University Course <input type="checkbox"/> Classroom Instruction <input type="checkbox"/> Distance Learning/Home Study <input type="checkbox"/> Ethics Total CE Hours for this Class: _____
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<p><i>By my signature below, I certify all information contained in this Application for License Renewal and all supporting documentation is true and valid.</i></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;"><i>Signature</i></div> <div style="width: 45%; border-top: 1px solid black; text-align: center;"><i>Date</i></div> </div>	<p>Total CE Hours This Page: _____</p> <p>TOTAL CE HOURS SUBMITTED FOR THIS RENEWAL PERIOD: _____</p>