

## **APPLICATION FOR ORIGINAL REGISTRATION—MASSAGE THERAPIST**

### **APPLICANT INSTRUCTIONS**

**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. 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.

**Basic Requirements.** Requirements for registration are outlined in the C.R.S. 12-35.5-101, and the Rules and Regulations of the Office of Massage Therapist Registration. Both are available online at [www.dora.state.co.us/massage-therapists/licensure.htm](http://www.dora.state.co.us/massage-therapists/licensure.htm).

**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. Keep a copy of the completed application for your records.

**Social Security Number is Required.** Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that an affidavit be mailed to you.

**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 registrations 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](http://www.doradls.state.co.us).

**Application Expiration.** Your application will be kept on file for one (1) year from date of receipt in the Division. 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 C.R.S. 12-35.5-111, or the applicant was convicted of or pled guilty to a charge of sexual behavior defined in C.R.S. 16-22-102, or any prostitution-related offense, whether or not the act was committed in Colorado.

**Registration 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, 2012, and January 31, 2013, will reflect a registration expiration date of January 31, 2015. Registrations issued prior to October 1, 2012, will reflect an expiration date of January 31, 2013, 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.

**Checking Your Application Status.** Visit Registrations Online Services at [www.doradls.state.co.us](http://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 10 business days from date of mailing before checking the status of your application.

## APPLICANT CHECKLIST

### To apply for a Colorado registration to practice as a Massage Therapist:

- Submit a completed application and supporting documentation if required.** Return the completed application and all supporting documentation to the Office of Licensing.
- Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*. All fees are non-refundable and subject to change every July 1.
- Provide documentation of any name change.** 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., marriage license, divorce decree, or court order).
- Complete the Affidavit of Eligibility form (attached).** Pursuant to C.R.S. 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.
- Foreign-trained applicants applying by Examination:** Submit a review of your qualifications, credentials, and work experience from one of the following credentialing agencies designated as acceptable by the Director:
  - International Consultants of Delaware (ICD). For information on ordering the review, visit the website at [www.icdeval.com](http://www.icdeval.com); call (215) 222-8454, ext. 603; or write International Consultants of Delaware, 3600 Market St Suite 450, Philadelphia, PA 19104-2651 USA.
  - International Education Research Foundation, Inc. (IERF). For information on ordering the review, visit the website at [www.ierf.org](http://www.ierf.org); call (310) 258-9451; or write International Education Research Foundation, Inc., PO Box 3665, Culver City, CA 90231 USA.
- Complete the Massage Therapist Fingerprint and Background Check:**
  - You must submit fingerprints to the Colorado Bureau of Investigation (CBI), for the purpose of conducting a state and national fingerprint-based criminal history record check utilizing records of the Colorado Bureau of Investigation and the Federal Bureau of Investigation.
  - Instructions for the background check process are included in this application packet or on the website at [www.dora.state.co.us/massage-therapists](http://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.

### **If you have never held a massage therapist registration or license in another state or U.S. territory, or if your registration or license in another state or U.S. territory is not active, your registration method is Examination:**

- Meet BOTH requirements:**
  - Attained a degree, or diploma, or otherwise successfully **completed** a massage therapy program that consists of at least 500 total hours of course work and clinical work from an approved massage school; **AND**
  - Passed **one** of the following examinations:
    - The Massage and Bodywork Licensing Examination (MBLEx) offered by the Federation of State Massage Therapy Boards (FSMTB). Contact FSMTB at [www.fsmtb.org](http://www.fsmtb.org) for questions concerning testing; **OR**
    - The National Certification Examination for Therapeutic Massage & Bodywork (NCETMB) or National Certification Examination for Therapeutic Massage (NCETM) offered by the National Certification Board for Therapeutic Massage & Bodywork (NCBTMB). Contact NCBTMB at [www.ncbtmb.org](http://www.ncbtmb.org) for questions concerning testing.

## APPLICANT CHECKLIST (Continued)

**If you hold an active massage therapist registration(s) or license(s) in another state or U.S. territory, your registration method is Endorsement.**

- Provide a printout of one of your active** massage therapist registration(s) or license(s) from the state's webpage verifying your registration or license.
- Attest to at least ONE:**
  - Actively practiced massage therapy for a minimum of 400 hours during a 12-month period in the two (2) years immediately preceding receipt of this application in the Division; **OR**
  - Maintained competency as a massage therapist by completing 24 hours of continuing education related to the practice of massage therapy during the two (2) years immediately preceding receipt of this application in the Division.

**Return your completed application packet and all supporting documentation to:**

Division of Registrations  
**Office of Licensing—Massage Therapy**  
1560 Broadway, Suite 1350  
Denver, CO 80202

**MASSAGE THERAPIST  
FINGERPRINTING AND BACKGROUND CHECK INSTRUCTIONS**

You must submit fingerprints to the Colorado Bureau of Investigation (CBI), for the purpose of conducting a state and national fingerprint-based criminal history record check utilizing records of the Colorado Bureau of Investigation and the Federal Bureau of Investigation. The Division of Registrations must receive the results of both background checks prior to issuance of a new registration.

**IMPORTANT**

**Please read the following instructions and begin the background check process no more than two (2) weeks before you submit your registration application to the Division of Registrations. It may take up to twelve (12) weeks for the CBI and FBI to process your fingerprints if the fingerprint quality does not meet their requirements.**

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, 2<sup>nd</sup> floor, Room M-2600  
Littleton, CO  
(303) 797-5800

Hours: Monday – Thursday 8:00 a.m. – 5:00 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.

- 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

- 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."
- 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). In these cases, you may receive a rejection notice from the CBI Identification Unit and should contact them directly at the address on the notice. Do not call the Division of Registrations Office of Massage Therapist Registration, since we do not receive a copy of this rejection notice.

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

**Applicant Notification and Record Challenge.** The Office of Massage Therapist Registration, which makes the determination of suitability for registration, will provide the applicant the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. Procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, C.F.R. 16.34. The Office will not deny the registration based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record, or has declined to do so. Direct all challenges to your record to the FBI's Criminal Justice Information Services Division, Attention: Correspondence Group, 1000 Custer Hollow Rd., Clarksburg, WV 26306.



## IMPORTANT NOTICE

**TO:** All Applicants

**FROM:** Rosemary McCool, Director, Division of Registrations

**SUBJECT:** Licensure and Criminal History

Thank you for your interest in becoming a licensed\* professional within the Division of Registrations. Before you submit your application, please be 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 consumers 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 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 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.

*\*The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the [website](#) of the appropriate board or program.*



**Colorado Department of Regulatory Agencies**  
 Division of Registrations  
 1560 Broadway, Suite 1350  
 Denver, CO 80202

**Licensee/Applicant Full Legal Name**

Last	First	Middle	Suffix

**Colorado Professional or Occupational License/Certification/Registration Number:** \_\_\_\_\_  
 (if already licensed)

**Professional or Occupational License/Certification/Registration type applying for:** \_\_\_\_\_

**AFFIDAVIT OF ELIGIBILITY**

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

*\*The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

**Section A: LAWFUL PRESENCE in the United States**

1.  I am a U.S. citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
2.  I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
3.  I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)
  - a.  I am a U.S. 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.

**Section B: SECURE AND VERIFIABLE DOCUMENTS**  
 Select ONE document in this section if you checked 1 or 2 in Section A.

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
<input type="checkbox"/> Driver's license or permit				
<input type="checkbox"/> Government issued ID card				
<input type="checkbox"/> Valid U.S. military ID/common access card				
<input type="checkbox"/> Colorado Department of Corrections inmate ID				
<input type="checkbox"/> Tribal ID card				
<input type="checkbox"/> U.S. passport				
<input type="checkbox"/> Certificate of Naturalization				

**Section B: SECURE AND VERIFIABLE DOCUMENTS (continued)**

<b>Government Issued Identification</b>	<b>Name of state agency or federal agency that issued the document</b>	<b>Full name as shown on driver's license or state/federal issued ID</b>	<b>License/ID Number</b>	<b>Expiration Date (mm/dd/yyyy)</b>	
<input type="checkbox"/> Certificate of (U.S.) Citizenship					
<input type="checkbox"/> Valid Temporary Resident card					
<input type="checkbox"/> Valid I-94 issued by Canadian government					
<input type="checkbox"/> Valid I-94 with refugee/asylum stamp					
<input type="checkbox"/> Valid I-766 (Employment Authorization Card)			<b>Issuing federal agency:</b>		
<b>Name on card</b>	<b>Alien Number (A#)</b>	<b>Card Number</b>	<b>Valid from (mm/dd/yyyy)</b>	<b>Expires (mm/dd/yyyy)</b>	
<input type="checkbox"/> Valid I-551 (Resident Alien or Permanent Resident Card)			<b>Issuing federal agency:</b>		
<b>Name on card</b>	<b>Alien Number (A#)</b>	<b>Country of birth</b>	<b>Card expires (mm/dd/yyyy)</b>	<b>Resident since (mm/dd/yyyy)</b>	
<input type="checkbox"/> Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94					
<b>Issuing foreign country</b>	<b>Passport Number</b>	<b>Visa Number</b>	<b>Visa Class (ex.: J-1, P-1, H-1B, etc.)</b>	<b>Date of entry (mm/dd/yyyy)</b>	<b>Until date (mm/dd/yyyy)</b>
<input type="checkbox"/> Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa					
<b>Issuing foreign country:</b>			<b>Passport Number:</b>		

**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.

\_\_\_\_\_  
Print Full Legal Name

\_\_\_\_\_  
Signature (Full Name)

\_\_\_\_\_  
Date

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.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

- Registration Method:**  **EXAMINATION** (if you have never held a massage therapist registration or license in another state or U.S. territory, or if your registration or license in another state or U.S. territory is not active)
- ENDORSEMENT** (if you hold an active massage therapist registration or license in another state or U.S. territory)

**PART 1—APPLICANT INFORMATION**

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

**PART 2—LICENSE INFORMATION**

List each state, U.S. territory, or country in which you are or have been registered or licensed as a Massage Therapist (if needed, attach an additional sheet in the same format). If not applicable, enter N/A.

State	Registration/License Number	Year registration/ license issued	Disciplinary action against registration/license?	Is this registration/license current/active?
			<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
			<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
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**\*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 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:** \_\_\_\_\_

**PART 3—EDUCATION AND EXAMINATION INFORMATION**

(Complete if you have never held a massage therapist registration or license in another state or U.S. territory, or if your registration or license in another state or U.S. territory is not active)

1. Have you attained a degree, diploma, or otherwise successfully **completed** a massage therapy program that consists of at least 500 total hours of course work and clinical work from an approved massage therapy school?  YES  NO

**School Name:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_\_

**City & State or Foreign Country:** \_\_\_\_\_

\* It is the applicant's responsibility to verify with the school that this massage school meets at least one of the following:

- Holds valid certificate of approval from the Division of Private and Occupational Schools
- Certified by the Colorado Community College System
- Accredited by a nationally-recognized accrediting agency
- Other: \_\_\_\_\_  
(If you choose "Other," submit a review of your qualifications, credentials, and work experience from a credentialing agency designated as acceptable by the Director. See Applicant Checklist for credentialing agency contact information).

2. Have you passed one of the following examinations approved by the Director?  YES  NO

- MBLEx (Massage and Bodywork Licensing Exam) offered by the Federation of State Massage Therapy Boards

**Exam Date** (mm/yyyy): \_\_\_\_\_

- NCETMB or NCETM offered by the National Certification Board for Therapeutic Massage and Bodywork

**Exam Date** (mm/yyyy): \_\_\_\_\_

**PART 4—ENDORSEMENT INFORMATION**

(Complete if you hold an active massage therapist registration or license in another state or U.S. territory)

Provide a printout of **ONE** of your **ACTIVE** massage therapist registration(s) or license(s) from another state's webpage verifying your registration or license.

I attest to at least **ONE** of the following requirements to register by endorsement:

- I actively practiced as a massage therapist for a minimum of 400 hours during a 12-month period in the two (2) years immediately preceding receipt of this application in the Division;  YES  NO
- OR**
- I maintained competency as a massage therapist by completing 24 hours of continuing education related to the practice of massage therapy during the two (2) years immediately preceding the receipt of this application in the Division.  YES  NO

**PART 5—LIABILITY INSURANCE**

- By checking this box, I attest that I individually carry or will carry and maintain upon commencement of practice, 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.

**PART 6—SCREENING QUESTIONS**

**You must provide the following for each “YES” response to the screening questions below:**

- 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?   | <input type="checkbox"/> YES | <input type="checkbox"/> 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?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as a massage therapist safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder?                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as a massage therapist safely and competently? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Have you ever been convicted of, pled guilty or <i>nolo contendere</i> to, or accepted a deferred judgment or deferred prosecution to:   |                              |                             |
| • A felony charge?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Any charge, including misdemeanors, related to your practice as a massage therapist?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • A prostitution-related offense or unlawful sexual behavior as defined by C.R.S. 16-22-102(9)?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**ATTESTATION**

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date