

## District of Columbia DEPARTMENT OF HEALTH – HEALTH REGULATION AND LICENSING ADMINISTRATION

MAS REN

## MASSAGE THERAPY RENEWAL APPLICATION

## MASSAGE THERAPY RENEWAL BEGINS ON NOVEMBER 1, 2012! LICENSES EXPIRE JANUARY 31, 2013

Please read instructions at the beginning of each section as you complete this form. See Section 2 for special instructions specific to your license. If you have any questions, call HPLA's **toll-free** Customer Service line Monday through Friday, 8:15AM to 4:45PM EST at 1-877-672-2174, A Charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)

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SECTION 1. LICENSEE INFORMATION – Carefully review all demog corrections in Sections 4		on. Please make all name, address, SSN, and birth	date
<b>PRINT</b> Full Name & home address: (PO Box may not be used for home address)	License Number: *SSN: Birth date: Business Address:	(REQUIRED):	
Phone:	Phone:		
Fax: E-mail: <b>(REQUIRED)</b> :	Fax: E-mail:		
	ur preferred mailing address	;;	
	Home 🗌 Business		
*Pursuant to D.C. Official Code Section 3-1205.5 (b) (2001) (HORA), a	pplicants are required to provid	e a Social Security Number (SSN) on licensure appli	cations.
SECTION 2. SPECIAL INSTRUCTIONS			
NEW REQUIREMENT: STATE & FBI CRIMINAL BACKGR CBC BY "L-1 ENROLLMENT SERVICES/MORPHOTRUST USA"	• •	REQUIRED FOR LICENSURE RENEWA	L
<ul> <li>Submit renewal application and application fee (\$177) pa separately to MorphoTrust), **CBC fee varies by State**</li> </ul>		CBC fee (\$50) for the District of Columbia(paid	
CBC IN DISTRICT OF COLUMBIA OR JURISDICTION OUTSID *License Renewal is required in order to schedule		OLUMBIA :	
Submit renewal application and application fee (\$177) payable			
Apply online for CBC by visiting the L-1 Enrollment Services/Mo <u>4187</u>	rphoTrust USA website at <u>httr</u>	://www.L1ENROLLMENT.com or call 1-877-7	783-
CBC-Walk-in Services are <b>only</b> available at the office location			
If we receive a positive State or FBI of Late Renewal: Applications submitted after January 31 <sup>st</sup> must include reinstatement. You may reinstate your license within 5 years of its exp the Board's requirements to reapply. Continuing Education Requirement: Massage Therapists must complete the state of the	e an \$85.00 late fee. After A piration date. Once the 5-yea	pril 1, 2013, you will be required to apply for ar reinstatement period has ended, you must me	eet
three (3) hours must be in Ethics and Nine (9) hours must be in m	assage-related course throug	gh a Board-approved provider. Of these nine	(9)
hours, six (6) hours must be face to face instruction and three hou for 1st time renewal applicants. Photos Will Not Be Required: If you do not currently have a picture On the back of the photos, write your full name and either your licen Online Renewal Instructions: To renew your license online, please g then go to the next screen and enter your User ID and Password. Keep a copy of this renewal form and payment for your records. Rememb 30 days. You may send notice of address changes to our address below. To	e on your pocket license, sub se number or Social Security I o to: <u>www.hpla.doh.dc.gov.</u> I er that you are required by law	mit two (2) identical, recent passport photogra Number. Enter your Social Security Number and Last Nar to notify the MT BOARD of any address change w	phs. me, ithin
Please check the appropriate box (es).	FEE		
A. 🗌 Renewal fee	\$ 177.00		00
B. CBC (Payment made when you register online with L-1 Enrollment)			00
c. CBC (Other jurisdiction)	\$ 0.00		00
D. D Paid Inactive Status	\$177.00		00
E. Late fee (if received after due date)	\$ 85.00		00
F. Cancel license or Deceased * (see notes)	\$ 0.00		00
G. Duplicate Licenses	qty: X		00
Reactivate (Paid Inactive License) Submit Reinstatement Application Make check or money order payable to	\$34.00		
Department of Health/HPLA - Board of Massage Therapy 899 North Capitol Street, NE; 1 <sup>ST</sup> Floor, Washington, D.C. 20002 Phone: 1-877-672-2174; Processing Center FAX (202) 724-5145 CBC Fax: 202-478-1387		Total Enclosed \$	.00

www.hpla.doh.dc.gov \* Email: <u>doh.cbcu@dc.gov</u>

Notes: \* If you cancel your license, you must sign and return this renewal application. You may not practice in the District of Columbia until you re-apply as a new license applicant and are approved by the DC Health Regulations and Licensing Administration for a new license. Upon approval, you will be issued a new license number. \* If the licensee is deceased, please return the application to the address above along with a death certificate or notarized letter indicating that the licensee is deceased. **SECTION 4.** NAME CHANGE

If you are changing your name, you must provide legal documentation of the name change. Acceptable documentation for individuals includes a copy of marriage certificate, divorce decree, or court order. C hanged to current name by: 🗌 Marriage 🔲 Divorce 🗌 Court Order

	FIRST NAME MI LAST NAME SU	FFIX (Jr.	Sr, etc.)
		(* )	.,,
8	ECTION 5. SECONDARY BUSINESS ADDRESS Please note: This information will be made available to the public.		
[			
	BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)		
	BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)		
c	STATE     ZIP CODE + 4     BUS PHONE NUMBER     BUS FAX NUMBER       SECTION 6.     QUESTIONS – Applicants MUST answer all of the following questions.		
•	Please answer questions A through H by placing an "X" in the appropriate boxes. If you answer "Yes" to questions A through G below, you must	provid	e
_	full information and complete details on a separate sheet of paper, including copies of relevant court documents, and attach to this form. Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.		
,	Clean manas before receiving a License or Permit Act or 1990 Certification Form Requirement. Please read the information below carefully before responding to this yes or no question, as any false information provided requires that the Department of the second secon	f Healt	n proceed
	immediately to revoke your License or Permit for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Coc (2001). IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT		
	HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR APPLICATIO	n be de	NIED.
	As of this date, do you owe more than one hundred dollars (\$100) to the District of Columbia Government as a result of	any of	f the
	following: 1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Ac	t of 19	985);
	<ol> <li>Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994)</li> <li>Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);</li> </ol>		
	4. Past due taxes;		
	<ol> <li>Past due District of Columbia Water and Sewer Authority service fees; or</li> <li>Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?</li> </ol>		
	Yes No		
	The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the Clean I Before Receiving a License or Permit Act of 1996, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).	lands	
В.	Since your last application, have you been or are you currently being investigated by any authority or peer review board for any violation of state, federal,	YES	NO
	or local law?	YES	NO
С.	Since your last application, has any authority, health facility or peer review board taken action against any of your health profession licenses or privileges (including imposing a fine, sanctions, censure or reprimand, probation, imposition of restrictions, suspension or revocation)?		-
D.	Since your last application, has any authority, health facility or peer review board taken action against any health care facility or agency for which you have an ownership interest in, or serve as manager or director for (including imposing a fine, sanctions, censure or reprimand, probation, imposition of restrictions,	YES	NO
Ε.	Since your last application, has any authority, health facility or peer review board informed you of any pending charge(s) or investigation(s)?	YES	NO
F.	Since your last application, have you been terminated, asked to resign, or resigned in lieu of being terminated from employment or a clinical training/fellowship program for any health profession?	YES	NO
G.	Since your last application, have you withdrawn an application for licensure/ certification/ registration to practice any health profession in any jurisdiction?	YES	NO
н.	Since your last application, have you surrendered a license, certification, or registration to practice any health profession in any jurisdiction?	YES	NO
۱.	Since your last application, have you been diagnosed or treated for alcohol abuse, controlled substance abuse, prescribed medication abuse, or illegal drug abuse	YES	NO
J.	Since your last application, have you been found by a court to be legally incompetent to practice or by a medical professional to be impaired to practice?	YES	NO
к.	Are you currently being treated or have you been treated for a physical or mental condition, including alcohol or drug abuse, that, but for the treatment, could impair your ability to practice your profession?	YES	NO
L.	Since your last application, have you been diagnosed with a physical or mental condition, including alcohol or drug abuse, that currently impairs your ability to practice your profession or that could affect your performance or impact your ability to perform your professional duties?	YES	NO
м.	Will you be mailing in name change documentation for this renewal?	YES	NO

Ν.	Since your last application, have you been a defendant or respondent to a claim for damages or malpractice action?

O. Do you currently practice your profession in the District of Columbia?

P. Since your last application, have you been arrested, convicted or charged for a felony or misdemeanor including DUI, OWI, DWI's (other than minor traffic violations for which a fine or ticket is the maximum penalty)?

 Q.
 I certify that I have completed a total of twelve (12) hours of approved continuing education, of which three (3) hours must be in Ethics and

 Nine (9) hours must be in massage-related course through a Board-approved provider. Of these nine (9) hours, six (6) hours must be face to

 face instruction and three hours may be online instruction. There is no Continuing Education Requirement for 1st time renewal applicants. Note:

YES

YES

NO

NO

NO

If this is your 1st renewal cycle, CE is not required. Please answer 'Yes' to this question.

## SECTION 7. LICENSEE AFFIDAVIT

I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.

LICENSEE SIGNATURE

LICENSEE NAME (Please print)

DATE