



**District of Columbia**  
DEPARTMENT OF HEALTH – HEALTH REGULATION AND LICENSING ADMINISTRATION  
**MESSAGE THERAPY RENEWAL APPLICATION**

**MAS REN**

**MESSAGE 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)**

**SECTION 1. LICENSEE INFORMATION – Carefully review all demographic information in this section. Please make all name, address, SSN, and birth date corrections in Sections 4 on Page 2.**

**PRINT** Full Name & home address: (PO Box may not be used for home address) License Number: \_\_\_\_\_  
 \*SSN: \_\_\_\_\_  
 Birth date: \_\_\_\_\_  
 Business Address: **(REQUIRED):** \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail:**(REQUIRED):** \_\_\_\_\_ E-mail: \_\_\_\_\_

Please select your preferred mailing address;  
 Home  Business

\*Pursuant to D.C. Official Code Section 3-1205.5 (b) (2001) (HORA), applicants are required to provide a Social Security Number (SSN) on licensure applications.

**SECTION 2. SPECIAL INSTRUCTIONS**

**NEW REQUIREMENT: STATE & FBI CRIMINAL BACKGROUND CHECKS (CBC) REQUIRED FOR LICENSURE RENEWAL CBC BY "L-1 ENROLLMENT SERVICES/MORPHOTRUST USA":**

- Submit renewal application and application fee (\$177) payable to DC Treasurer and CBC fee (\$50) for the District of Columbia (paid separately to MorphoTrust), **\*\*CBC fee varies by State\*\***

**CBC IN DISTRICT OF COLUMBIA OR JURISDICTION OUTSIDE OF THE DISTRICT OF COLUMBIA :**

**\*License Renewal is required in order to schedule a CBC\***

- Submit renewal application and application fee (\$177) payable to DC Treasurer
- Apply online for CBC by visiting the L-1 Enrollment Services/MorphoTrust USA website at <http://www.L1ENROLLMENT.com> or call **1-877-783-4187**
- CBC-Walk-in Services are **only** available at the office location 899 North Capitol Street, NE; 1ST Floor, Washington, D.C. 20002

**IF we receive a positive State or FBI CBC, you will be asked to provide court papers.**

**Late Renewal:** Applications submitted after January 31<sup>st</sup> must include an \$85.00 late fee. After April 1, 2013, you will be required to apply for reinstatement. You may reinstate your license within 5 years of its expiration date. Once the 5-year reinstatement period has ended, you must meet the Board's requirements to reapply.

**Continuing Education Requirement:** Massage Therapists must complete 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.

**Photos Will Not Be Required:** If you do not currently have a picture on your pocket license, submit two (2) identical, recent passport photographs. On the back of the photos, write your full name and either your license number or Social Security Number.

**Online Renewal Instructions:** To renew your license online, please go to: [www.hpla.doh.dc.gov](http://www.hpla.doh.dc.gov). Enter your Social Security Number and Last Name, 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. Remember that you are required by law to notify the MT BOARD of any address change within 30 days. You may send notice of address changes to our address below. This will help ensure that you receive your next renewal notice in a timely manner.**

Please check the <u>appropriate box (es)</u> .	<b>FEE</b>	
A. <input type="checkbox"/> Renewal fee	\$ 177.00	_____00
B. <input type="checkbox"/> <b>CBC (Payment made when you register online with L-1 Enrollment)</b>		_____00
C. <input type="checkbox"/> CBC (Other jurisdiction)	\$ 0.00	_____00
D. <input type="checkbox"/> Paid Inactive Status	\$177.00	_____00
E. <input type="checkbox"/> Late fee (if received after due date)	\$ 85.00	_____00
F. <input type="checkbox"/> Cancel license or Deceased * (see notes)	\$ 0.00	_____00
G. <input type="checkbox"/> Duplicate Licenses	qty: _____ X	_____00
Reactivate (Paid Inactive License) Submit Reinstatement Application	\$34.00	

Make check or money order payable to

**DC Treasurer** and mail to:

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  
[www.hpla.doh.dc.gov](http://www.hpla.doh.dc.gov) \* Email: [doh.cbcu@dc.gov](mailto:doh.cbcu@dc.gov)

**Total Enclosed \$ \_\_\_\_\_00**

**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. Changed to current name by:  Marriage  Divorce  Court Order



**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