

## ALABAMA BOARD OF MASSAGE THERAPY

2777 Zelda Road

Montgomery, Alabama 36106

Phone: 334-420-7233

FAX: 334/263-6115

E-mail: [massagetherapy@warrenandco.com](mailto:massagetherapy@warrenandco.com)

### RENEWAL INFORMATION

The Code of Alabama, 1975, Section 34-43-13. License renewal;

**Reinstatement.** states in part, "(a) Each license shall be renewed biennially, on or before the anniversary date, by forwarding to the board a renewal application accompanied by the renewal fee. Any license not renewed biennially on or before the anniversary date shall expire (b) Each licensee, upon application for renewal of a license, shall submit evidence of satisfactory completion of the continuing education requirements contained in Section 34-43-21."

**In order to renew your license, please submit the following to the address listed above:**

- Completed Renewal Application (See Attached)
- \$100.00 License Renewal Fee (**All fees must be sent in the form of a certified check or money order made payable to ALMTBD**)
- Continuing Education Reporting Form with 16 CEU hours (See Form attached)
- Current copy of professional liability insurance: **Showing coverage amounts.**

*If your license renewal is received by the deadline of your Renewal Date, you will have a full two-year license. If your license Renewal is received after the deadline; it may be renewed with a \$25.00 penalty in addition to the \$100.00 License Renewal Fee.*

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**APPLICATION FOR RENEWAL OF LMT LICENSE**

**Please complete the following:**

Please list your Name as you wish correspondence to be addressed (for example if you go by your middle name, etc.):

Salutation: (Mr. /Ms., etc.) \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial (Name): \_\_\_\_\_

Last Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name & Address of Current Employer: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ e-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**If there has been any change in your address, phone numbers, preferred mailing address, etc., please list:** \_\_\_\_\_

**Please Enclose:**

\$100.00 License Renewal Fee (**Certified Check or Money Order Only**)

Check #: \_\_\_\_\_ Date: \_\_\_\_\_

Completed CEU Reporting Form

**Current Copy of Liability Insurance: Showing coverage amounts.**

\$25.00 Late Fee (If renewing after Renewal Date) (**Certified Check or Money Order Only**)

Check #: \_\_\_\_\_ Date: \_\_\_\_\_

**Professional Licensure History - (attach additional sheets if necessary) – Please check**

**DURING THE PREVIOUS 24 MONTHS:**

A) Have you ever been refused a license or certification to practice massage, or any other license or certification, or the renewal thereof, in any state or jurisdiction? \_\_\_Yes \_\_\_No

B) Have you had a license or certification of registration to practice massage or any other licensed profession revoked, denied, restricted, suspended or otherwise acted against (including probation, fine, reprimand or surrender license) in a disciplinary proceeding in any state, federal or foreign authority; or have you ever surrendered such credential to avoid or in connection with such action by such authority? \_\_\_Yes \_\_\_No

C) As a massage therapist, are you now or have you ever been a defendant in civil litigation in which the basis of complaint you alleged negligence, malpractice, or lack of professional competence?  Yes  No

D) Is there currently pending against you in any jurisdiction a complaint against your professional conduct or competence as a massage therapist?  Yes  No

If you have answered yes to any of the above questions you must attach a complete details as to state, license numbers, dates and relevant circumstances.

E) Have you ever been convicted or found guilty, regardless of adjunction, of a crime in any jurisdiction, or have you ever been a defendant in a court-martial? (Do not include parking or speeding violations.)  Yes  No

F) Have you ever been legally incompetent?  Yes  No

G) Have you ever undergone treatment for the use of drugs, narcotics or intoxicating liquors?  Yes  No

H) Have you ever-received treatment for any emotional disturbances, mental disorder or insanity that would impair your ability to perform as a massage therapist?  Yes  No

If you answered yes to any of the above questions, please provide additional relevant information, dates, jurisdiction (state, county), offense, disposition, circumstances, medical practitioners who treated you or who were consulted (names & addresses). It will be necessary to direct each practitioner or Facility who treated you to furnish the board with any information the board requests with respect to any such treatment.  Attached to this form  On file in the Board Office

\*\*\*\*\*

**\*\*Notarized\*\***  
**Licensee Attestation**

I, \_\_\_\_\_, certify that I am the person described and identified in this application. I attest that I have answered all questions truthfully and completely and that the documentation provided in support of the application is, to the best of my knowledge, accurate. Should I furnish false information in this application I hereby agree that such an act shall constitute cause of denial, restriction, suspension, or revocation of my license to practice as a massage therapist in the State of Alabama. I further understand the board may require additional information from me prior to making a determination regarding my application.

The undersigned applicant understands the Board may make such inquiry and investigation concerning the applicant's character, criminal record and background as the Board, if a complaint is filed against you, deems proper and said applicant further agrees to furnish any additional information requested by the Board and agrees to appear before the Board in person if requested to do so.

\_\_\_\_\_  
**Licensee's Signature** **Date**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
**NOTARY SEAL-SIGNATURE OF NOTARY PUBLIC** **COMMISSION EXPIRATION**

**ALABAMA BOARD OF MASSAGE THERAPY**  
**2777 ZELDA ROAD**  
**MONTGOMERY, ALABAMA 36106**

**Name:** \_\_\_\_\_  
**License #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**CONTINUING EDUCATION REPORTING FORM**  
**(Make copies as needed)**

Notice: The Board will audit a number of randomly selected licensees to assure that the continuing education requirements have been met. The Board may request verification of credits submitted, including information regarding content, certification, and attendance. The licensee shall maintain and make available upon request the documentation required by this rule for a period of two years following the renewal period to which the continuing education credits were applied. 16 hours are required. Please refer to Chapter 532-X-6-.01 of the Administrative Code for further information.

1. Sponsoring Organization: \_\_\_\_\_  
Location of Seminar: \_\_\_\_\_  
Title: \_\_\_\_\_  
Brief Description: \_\_\_\_\_  
\_\_\_\_\_  
Principal Instructor: \_\_\_\_\_  
Dates: \_\_\_\_\_ Hours Earned: \_\_\_\_\_

2. Sponsoring Organization: \_\_\_\_\_  
Location of Seminar: \_\_\_\_\_  
Title: \_\_\_\_\_  
Brief Description: \_\_\_\_\_  
\_\_\_\_\_  
Principal Instructor: \_\_\_\_\_  
Dates: \_\_\_\_\_ Hours Earned: \_\_\_\_\_

3. Sponsoring Organization: \_\_\_\_\_  
Location of Seminar: \_\_\_\_\_  
Title: \_\_\_\_\_  
Brief Description: \_\_\_\_\_  
\_\_\_\_\_  
Principal Instructor: \_\_\_\_\_  
Dates: \_\_\_\_\_ Hours Earned: \_\_\_\_\_

Page \_\_\_ of \_\_\_. Signature: \_\_\_\_\_ Total Hours: \_\_\_\_\_