

# NORTH DAKOTA STATE BOARD OF MASSAGE APPLICATION FOR LICENSURE

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

## APPLICATION MUST BE ACCOMPANIED BY:

- Copy of the applicant's High School Diploma, Transcript or proof of equivalent education
- A copy of a signed Massage School Diploma.
- An original Certificate of Physical Exam, written in the last year, that the applicant is free of contagious diseases or that the applicant has been trained in taking sufficient precautions to prevent the spread of communicable diseases.
- Application Fee of \$150.00 Payment made to ND State Board of Massage
- An Original Transcript from your School of Massage
- An Original Affidavit of Compliance by Applicant
- An Original Affidavit from an Accredited School of Massage verifying not less than 750 hours of supervised instruction, (in accordance with Title 49 North Dakota Administrative Code (N.D.A.C.) § 49-02-02. (Effective January 1, 2001) [Sample available on Board web site]
- A copy of your CPR Certificate

- A recent "passport type" photograph
- A photocopy of **confirmation of a passing score** for the National Certification Examination **or** a photocopy of the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) **Certificate**.

**All Credentials and copies become the property of the Massage Board.**

Documents must be mailed to the following:  
North Dakota State Board of Massage  
Attn: Karen Wojahn, President  
PO Box 218  
Beach, ND 58621

President: \_\_\_\_\_

Secretary/Treasurer: \_\_\_\_\_

Date Received: \_\_\_\_\_