

STATE BOARD OF MASSAGE THERAPY REACTIVATION APPLICATION

NAME _____

RETURN TO:

STREET ADDRESS _____

State Board of Massage Therapy
PO Box 2649
Harrisburg PA 17105

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS: _____

Courier Address:
2601 North Third Street
Harrisburg PA 17110

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DATE OF BIRTH: _____

LICENSE NUMBER: _____

Check if appropriate:

- ADDRESS CHANGE** – Check if the address or email address above is a new address and not on file with the Board.
- NAME CHANGE** – If the name above is not the current name on the licensure records, submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)

THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If "YES" to any of the criminal/disciplinary action question (s), please attach certified copies of legal document(s).
		1. Do you hold, or have you ever held, a license, certificated, permit, registration or other authorization to practice ANY health-related profession in any state or jurisdiction?
		2. If you answered yes to the above question, please provide the profession and state or jurisdiction. Please do not abbreviate the profession. _____
		3. Since your initial application or your last renewal , whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		4. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or your last renewal , whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		6. Since your initial application or your last renewal , whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		7. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		8. Since your initial application or last renewal , whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		9. Since your initial application or last renewal , whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
		10. Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		11. Do you hold current valid CPR certification in Adult CPR ? Courses for CPR certification must be obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. Note: Online CPR courses are not acceptable to fulfill this requirement.
		12. Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?

State Board of Massage Therapy

P. O. Box 2649

Harrisburg, PA 17105-2649

VERIFICATION OF PRACTICE / NON-PRACTICE

Your renewal cannot be processed unless this page is completed.

Name _____

Address _____

License Number _____

Name of Profession _____

Be sure you are familiar with the definition of your profession from the licensing law which pertains to the license you are renewing/reactivating. AFTER REVIEW OF THE LAW, answer the following questions.

1. Have you engaged in the practice of your profession as a licensed individual in Pennsylvania since your Pennsylvania license lapsed or since you placed it on inactive status?

CIRCLE ONE: YES NO

2. Have you been employed by the federal government in the practice of your profession since your Pennsylvania license lapsed or since you placed it on inactive status?

CIRCLE ONE: YES NO

I understand that any false statement made is subject to the penalties of 18 Pa. C.S. Section 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

(Signature of Licensee)

(Date)

STATE BOARD OF MASSAGE THERAPY

Requirements for Reactivation of your Pennsylvania license

To reactivate your Pennsylvania license from inactive/expired status, the current requirements are as follows:

- Complete the reactivation application form.
- Complete the Verification of Practice/Non-Practice form.
- If you answered YES to any of the criminal/disciplinary action questions please attach certified copies of legal documents.
- Submit copies of the certificates of completion for the required 24 continuing education credits. At least 16 hours must be live, contact hours and 4 credits must be in professional ethics. Credits must be obtained within two years prior to reactivation. Continuing education regulations can be found at www.dos.pa.gov/massagetherapy.
- The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered “mandatory reporters” under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for reactivation of a license shall be required to complete 2 hours of Department of State/Board-approved training in child abuse recognition and reporting requirements as a condition of reactivation. Please review the Board website for further information on approved CE providers. [Child Abuse Continuing Education Providers Information can be found at www.dos.pa.gov](http://www.dos.pa.gov). Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board.
- *Effective August 1, 2016*, provide a Self-Query from the National Practitioner Data Bank completed within 6 months of submission of this application to the Board. A Self-Query can be requested online at <https://www.npdb.hrsa.gov/>. When you receive the “Self-Query Response” from the National Practitioner Data Bank, forward it to the Board office. (Verify that “Self-Query Response” is sent to the Board and not a discrepancy notice.)
- Submit a copy of your current CPR card.
- Submit the current renewal and reactivation fee. Note: If you have been practicing in Pennsylvania since your license has been expired/inactive, you must also include a \$5.00 per month late penalty fee.