



City of Leawood

4800 Town Center Drive • Leawood, Kansas 66211
Phone 913.339.6700 • Fax 913.339.6781

Application for Massage Therapist License

New

Renewal

Instructions

Complete application.

Submit current copy of a state or federally issued form of identification, two (2) portrait photographs at least 2 inches by 2 inches, and fingerprints. If any responses require additional space, please attach additional paper as needed.

RENEWAL: Complete 1 – 5 and any other sections necessary to update your previous application.

Personal Information

1. Name: _____

2. Address: _____

City _____ State _____ Zip _____

3. Phone Number: _____

4. Date of Birth: _____

5.

Social Security #:	United States Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>
If not a citizen, are you authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> Submit documentation supporting authorization.	
Driver's License State:	Driver's License #:
Weight:	Height:
Hair Color:	Eye Color:

Massage Therapy History and Employment

6. Name and Address of Massage Establishment where you are seeking employment:

7. Is this a licensed Massage Establishment: Yes No Don't know

8. Specific position, function, or duties you are being hired to perform:

9. List all business, occupation, and employment history for the three (3) years immediately preceding this application, including periods of unemployment:

Employer	Position	Dates of Employment	Address	Nature of Duties

10. List all your Massage Therapy License history, including any other similar license or permit issued by any licensing jurisdiction:

License Type	Licensing Jurisdiction	Dates of License

11. Have any of the above listed licenses or permits ever been revoked, suspended, or voluntarily surrendered in lieu of revocation or suspension? **Yes** **No**

12. If answered "Yes" to Question 10, please provide the reason for the revocation, suspension, or voluntary surrender, and any license activity subsequent to such action.

Criminal History

13. List all adult and juvenile criminal charges, including the jurisdiction in which charged, the offense date, final disposition date, and final disposition (i.e. convicted, diverted, dismissed). Include pending charges, and any charges that may have been dismissed, diverted, or expunged.

Charge(s)	Jurisdiction	Offense Date	Disposition Date	Final Disposition

Educational and Experience Requirements

14. I have successfully completed a course of instruction, consisting of at least 500 hours in the theory, method, or practice of massage, from one or more approved schools. **Yes** **No**

If yes, list all schools, including hours completed, dates of attendance, address, and phone number. Submit proof of completion via certified transcript(s) to the City Clerk. Certified transcripts must be sent directly from the school to the City Clerk.

School	Hours successfully completed	Dates of Attendance	Address	Phone Number

15. I have successfully passed the Board Certification exam administered by the National Certification Board for Therapeutic Massage & Bodywork (NCBTMB). **Yes** **No**

If yes, submit proof of successful passage.

16. I have successfully completed certification in American Red Cross first aid and American Heart Association CPR or the equivalent. **Yes** **No** * Must provide current certification.

Certification of Application and Authorization for Background Investigation

I certify that the above information is true and correct to the best of my knowledge and I understand that any false or misleading information in this application or in any document required by the City of Leawood, Kansas, shall be grounds for revocation or suspension of any license issued by the City of Leawood, Kansas.

Further, I hereby authorize the City of Leawood, Kansas, and its staff to conduct a thorough background investigation into the truth of the statements set forth in this application and my qualifications for a license covered by this application.

Signature: _____ Date: _____

Renewal Applications Only:

I understand that I am required to provide the City of Leawood, Kansas any information or documentation necessary to update my previous application(s) and that failure to do so may result in the revocation or suspension of any license issued by the City of Leawood, Kansas.

I certify that all necessary information has been updated above and all documentation necessary to update my application has been provided to the City.

Signature: _____ Date: _____

Completed application must be notarized.

State of _____ County of _____

Subscribed and sworn to me on this _____ day of _____, _____.

Signature of Notary Public: _____

My Commission Expires:
