



COMMONWEALTH OF VIRGINIA
Department of Health Professions - Board of Nursing
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

(804)367-4515 – PHONE (804) 527-4455 – FAX
web: www.dhp.virginia.gov email: nursebd@dhp.virginia.gov

FOR OFFICE USE ONLY

Fee Amount	Code	Approved	Date of Reinstatement
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**APPLICATION FOR REINSTATEMENT OF LICENSURE AS A
LICENSED MASSAGE THERAPIST
FOLLOWING SUSPENSION OR REVOCATION**

I hereby make application to reinstate my certificate as a **Licensed Massage Therapist** in the Commonwealth of Virginia. The following information in support of my application is submitted with a **check or money order** made payable to the *Treasurer of Virginia* in the amount of **\$200**. The fees are non-refundable.

Disclosure of Addresses

Some licensees have expressed concern that their residence address is accessible. Consistent with Virginia law and the mission of the Department of Health Professions addresses of licensees are made available to the public. This has been the policy and the practice of the Commonwealth for many years. However, the application of new technology makes such information more accessible.

In most cases it is permissible for an individual to provide an address of record other than a residence, such as a Post Office Box or a practice location. Changes of address may be made at the time of renewal or at anytime by written notification to the appropriate health regulatory board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be mailed to the address provided.

APPLICANT - Please provide the information requested below and on the back of this page. (Print or Type)					
Name:	Last	Suffix	First	Middle	Maiden
Street Address				Area Code & Telephone Number	
City		State		Zip Code	
Date of Birth (M/D/Y)		Social Security Number or Virginia DMV Control Number*		Virginia Licensee Number 0019- _____	
Name of Massage Therapy Program		Location		Date of Graduation	
Date First Certificate/License Issued		Name at Time of Original Certification or Licensure Last First Middle Maiden			
If proof of name change to current name has not been filed with this office, submit a copy of marriage certificate or court order authorizing the change.					

* In accordance with §54.1-116 of the *Code of Virginia*, you are required to submit your Social Security Number or your Control Number issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded.

This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities.

1. This question applies to any license or certificate as a massage therapist, registered nurse, licensed practical nurse, or nurse aide that may have been issued to you **except the one which is currently revoked or suspended**. Please answer **YES** or **NO** to *EACH* of the following: *(If you answer yes to any of the questions, please explain in detail below and have certified copies of any applicable orders sent directly to this office.)*

- Have you ever had disciplinary action taken against your certificate to practice in a state? YES _____ NO _____
- Have you ever been denied a license or certification in a health related field or jurisdiction? YES _____ NO _____
- Has your practice ever been the subject of an investigation by any licensing authority? YES _____ NO _____
- Has any license or certificate issued to you ever been voluntarily surrendered? YES _____ NO _____
- Have you ever had any of the following disciplinary actions taken against your license or certificate by any licensing authority in any jurisdiction: placed on probation, suspended, revoked or otherwise disciplined?
YES _____ NO _____

2. Is your certificate in good standing in all jurisdictions where licensed? YES ____ NO ____ **(If no, explain below.)**

3. Please respond in full to the following questions. *You will need to provide documentation only if the response is different from that on your last application with this office.* Please answer **YES** or **NO** to each question.

- Have you ever been convicted, pled guilty to or pled Nolo Contendere to the violation of any federal, state or other statute or ordinance constituting a felony or misdemeanor? (Including convictions for driving under the influence, but excluding traffic violations)? Yes _____ No _____. **If yes, explain below** and have a **certified copy** of the court order sent directly to the Board of Nursing.
- Do you have a mental, physical or chemical dependency condition which could interfere with your current ability to practice as a massage therapist? Yes _____ No _____. **If yes, explain below** and have a letter from your treating licensed professional summarizing diagnosis, treatment and prognosis sent directly to the Board of Nursing.

EXPLANATIONS:

4. List all of your employers since your certificate was suspended or revoked. Include addresses, telephone number, dates of employment and reason for leaving.

Employer Name (Current/Most Recent Employer First)	City and State of Employer	Beginning Employment Date	Ending Employment Date	Reason for Leaving

5. List any education offerings you have participated in since your certificate was suspended or revoked.

AFFIDAVIT
(To be completed before a Notary Public)

State of _____ County/City of _____

Name _____, being duly sworn, says that he/she is the person who is referred to in the foregoing application for licensure as a massage therapist in the Commonwealth of Virginia; that the statements herein contained are true in every respect; that he/she has complied with all requirements of the law; and that he/she has read and understands the affidavit.

Signature of Applicant

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

My commission expires on _____.

SEAL

Signature of Notary Public

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**INSTRUCTIONS FOR APPLICATION FOR REINSTATEMENT FOLLOWING SUSPENSION OR
REVOCATION - LICENSED MASSAGE THERAPIST**

1. Complete the reinstatement application form and return the reinstatement application, required supporting documentation, and required fee to the Board office.
2. Must provide evidence of completing 25 hours of continuing education that enhances and expands the skills and knowledge related to the clinical practice of massage therapy or evidence of current certification by the NCBTMB during the period in which the license has been lapsed.
3. A massage therapist whose license or certification has been revoked may not apply for reinstatement sooner than three years from entry of the order of revocation. Orders of suspension may indicate when a massage therapist is eligible to apply. Please review the original order or access our website for a copy.
4. The Board may request additional evidence that the massage therapist is prepared to resume practice in a competent manner.
5. Once a completed reinstatement form, fee, and all required supporting documentation are received, you will be contacted by a representative of the Department of Health Professions. This individual will compile a background report to be submitted to the Board to assist in the presentation of your application. However, it is the responsibility of the applicant to provide the Board with sufficient evidence that the application is able to resume the safe and competent practice of nursing. Once the background report has been completed and submitted to the Board, you will be scheduled for proceeding to present your petition to the Board.

PLEASE NOTIFY THIS OFFICE WITHIN THIRTY DAYS OF A NAME CHANGE OR ADDRESS CHANGE.

*** In accordance with §54.1-116(A) of the *Code of Virginia*, you are required to submit your social security number or your control number issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities.

7/1/16