



Oregon

John A. Kitzhaber, MD, Governor

Board of Massage Therapists

748 Hawthorne Ave NE

Salem, OR 97301

Phone: (503) 365-8657

Fax: (503) 385-4465

www.oregon.gov/OBMT

OBMT RENEWAL FORM

Renewal Fee: Active \$150; Inactive \$50

Due Date: The first day of the month of your expiration date. Your renewal form must be postmarked no later than the 1st of your birth month NOT your actual birthday in order to avoid a late fee. If it is postmarked after the 1st the late fee schedule will apply.

LATE FEE SCHEDULE (if applicable)

If postmarked:

Week	Days past due:	Late Fee:
1	1 st to 7 th	\$25
2	8 th to 14 th	\$50
3	15 th to 21 st	\$75
4	22 nd to 28 th	\$100
5	29 th to 35 th	\$125

Week	Days past due:	Late Fee:
6	36 th to 42 nd	\$150
7	43 rd to 49 th	\$175
8	50 th to 56 th	\$200
9	57 th to 63 rd	\$225
10 ⁺	64 th and above	\$250

Continuing Education: Unless this is your first renewal you are required to submit a completed Continuing Education Form (see reverse). The total number of CE hours required is 25 and the minimum number of "contact hours" required is 12.

CPR: Effective for January 1, 2008 or later, you are required to maintain proof of current adult basic CPR as part of your Active renewal requirement. CPR may be claimed for continuing education. If taken in the presence of an instructor, the hours may be applied toward your "contact hours" for a maximum of 4 hours. Online courses are acceptable.

Inactive to Active Status: If you wish to change to Inactive status you need only submit the completed renewal form and pay the Inactive fee of \$50. If you wish to reactivate your Inactive license you must submit the completed renewal form, pay the Active fee of \$100, and provide proof of CE hours from each renewal period that you were inactive. Contact the office if you have questions.

Address/Name Changes: Changes must be submitted in writing via fax, US mail, website or renewal form. Name changes must be accompanied by legal verification (e.g. a government issued ID, driver's license, marriage certificate, passport or divorce decree). A penalty of up to \$1,000 may be imposed for failing to notify the Board within 30 days of any change.

Practicing Without a License: Advertising or practicing massage without a current Active Massage License issued by the OBMT is a violation of state law and subject to civil penalties of up to \$1,000 per violation assessed by the Board.

Remember to:

- ✓ Verify the information in all sections is accurate and complete.
- ✓ Provide all required documents. (name change, arrest record, etc.)
- ✓ Sign the application.
- ✓ Enclose appropriate payment including the late fee if applicable. You may pay by check, money order payable to OBMT **or** credit card (Visa or MasterCard).

A LICENSE CANNOT BE ISSUED UNTIL ALL APPLICATION REQUIREMENTS ARE COMPLETE AND ALL FEES HAVE BEEN PAID.

OBMT Continuing Education Form

Last Name: _____

First Name: _____

LMT License #: _____

I certify that this information is true and accurate. I understand that per *OAR 334-010-0050 (5)*, "If the board finds indications of fraud or falsification of records, investigative action shall be instituted. Findings may result in disciplinary action including revocation of the licensee's license."

Signature: _____

Date: _____

Contact hours are in the physical presence of an instructor with other massage, bodywork or healthcare professionals. Examples: Attendance in a class, workshop or training; Serve as a board/committee member, examiner or attend a board meeting.

Non-Contact Hours: Excess "contact hours" may be take the place of the following categories. Examples: Research work or published author; Volunteer massage at an organized event; Telecommunication or on-line course(s); Self-study based on media (ie..book/video, periodical, audiocassette, VHS/DVD; Teaching, mentoring or peer supervision.

Instructions:

Fill in the title, location, date, type (contact or non-contact) and number of hours for each course completed.

A minimum of 25 hours must be reported.

A minimum of 12 hours must be contact hours.

IF YOUR LICENSE IS CURRENTLY LAPSED, YOU ARE REQUIRED TO SUBMIT DOCUMENTATION OF CE HOURS, PROOF OF CURRENT CPR AND A COMPLETED FINGERPRINT CARD WITH THE FEE OF \$47.25.

Number of contact hours completed: _____

Total number of CE hours completed: _____

CPR Expiration Date: _____



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OBMT RENEWAL FORM

LMT License #: _____ Last 4 digits of SSN: _____ Birth Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Nickname: _____ Other Names: _____

Preferred Name: _____
(This will appear on the license)

Private Email Address: _____

Public Email Address: _____

Home Address: _____
(Must be physical address)

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Work Name: _____
(Location where the majority of massage is performed)

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Work Cell: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Do you want to be excluded from the mailing list: **NO** **YES** (If you mark yes, you will still receive Board mailings)

The mailing list allows companies or individuals to distribute information about CE's, products, etc.

Mark which address that you want to appear on the website Licensee Verification screen:
 Home **Mailing** **Work** **None** (If "None" is selected, the City, State and Zip will still appear)

List the primary modalities you are practicing: (e.g.: Swedish, Reiki and Reflexology)

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

I hold a license to practice in the following health related field(s):

(Please include the state where the license is held)

STOP! Read the instructions completely before answering the following character questions.

Any **FALSE STATEMENT** knowingly made in this application is grounds for revocation or suspension of your license. If in doubt, disclose and explain rather than conceal. If you answer 'no' to question 4 based upon an "expungement", order "setting aside" or "sealing" of a record of a conviction or conditional discharge (diversion) you must personally verify with the court directly involved that the expungement, setting aside or sealing actually has taken place. An erroneous belief that a conviction has been expunged, set aside or sealed, when in fact it has not, will be deemed a false statement.

Please read each question **completely**. You must answer each question "yes" or "no", whichever is true.

NOTE: If you are requesting inactive status, you are not required to respond to the below questions.

1.	Since your last active renewal are you required to register in this, or any other state as a sex offender?	
2.	Since your last active renewal have you been investigated, disciplined or denied licensure by this or any other governmental licensing agency?	
3.	Since your last active renewal have you surrendered any professional license in any State, territory or jurisdiction?	
4.	Since your last active renewal have you been arrested or convicted for: (a) any felony; (b) misdemeanor; or (c) any major traffic violation, such as: driving under the influence of intoxicants or drugs <ul style="list-style-type: none"> STOP: Major traffic violations such as: Tickets for Driving under the influence of drugs or intoxicants (even if you received diversion); MUST BE REPORTED! 	
5.	Since your last active renewal have you abused or been treated for the abuse of alcohol, a controlled, or mind altering substance?	
6.	Since your last active renewal have you received any in-patient mental health care for a psychological, addiction, or chemical dependency issue that affected your ability to safely practice?	

If you answer "Yes" to any of the questions above you **MUST** attach a detailed written explanation of the circumstances leading to and the outcome of the situation **AND** include copies of all related official documentation, including but not limited to: police reports, court documents, final actions and/or order, treating physician documentation, etc.

By my signature below I hereby certify that the information submitted on or relating to this form is true and correct and grant the Board permission to check civil or criminal records to verify any statement made on this application. The Board may **revoke** any license upon evidence that the applicant knowingly made any false statements in the application for this license. I understand that providing incomplete or inaccurate information **WILL** result in a delay of my renewal and may result in disciplinary action by the Board.

Signature of the Applicant

Date

By my signature below, I certify that: I have read and will comply with the current Oregon Revised Statutes (ORS) and Administrative Rules (OAR) governing massage.*

FOR INACTIVE STATUS:

I certify that I am not advertising or providing professional services in Oregon and request inactive status.

Signature: _____

FOR ACTIVE STATUS:

I certify that I am in compliance with all active status requirements.

Signature: _____

*****Please provide payment information on the following page.*****

For Office Use Only:	Updated date/initials _____	Paid date/initials _____
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PAYMENT INFORMATION

By my signature below, I authorize the Oregon Board of Massage Therapists to debit my credit card or debit card the indicated authorized amount.

Signature _____

Date _____

.....
Note: Once payment has been processed, please remove this section and shred

Check:
(Make payable to OBMT)

Please circle option:

Visa / MasterCard

Check #: _____

Card #: _____ Exp Date: _____

Amount: \$ _____

V-code: _____ (for Visa only, reverse side of card)

Authorized Amount to Charge: \$ _____

Billing Address of Card: Street #: _____ Zip Code: _____

(Example: Write 748 for 748 Hawthorne Ave NE. Do not write the entire address.)

Complete and Return to: OBMT 748 Hawthorne Ave NE, Salem, OR 97301 or via fax at 503-385-4465