

**MASSAGE THERAPY LICENSING PROGRAM  
TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
P.O. Box 149347, Mail Code 1982  
Austin, Texas 78714-9347  
OUT OF STATE LICENSE VERIFICATION**

The application for licensure as a Massage Therapist in the State of Texas requires this form to be completed by all State Boards where I hold or have ever held a license. My signature below is your authorization to release all information in your files, favorable or otherwise, regarding myself. **Section I to be completed by applicant. Please type or print clearly.**

Applicant Name \_\_\_\_\_ License Number \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
P O Box or Street No. City State Zip

Telephone Number (include area code) \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Section II. (Completed by out-of-state licensing authority)**

State of \_\_\_\_\_.

This certifies that \_\_\_\_\_ is:  
(Applicant's Name)

Registered [ ] Certified [ ] Licensed [ ] as a \_\_\_\_\_

Current status of this license/license/certification is:

Active [ ] Lapsed [ ] Inactive [ ] Denied \*\* [ ] Suspended\*\* [ ] Revoked\*\* [ ]

Effective date of License/Registration/Certification \_\_\_\_\_

**\*\*Please attach a copy of the Findings of Fact and Decision and Order.**

License/Registration/Certification issued based on:

[ ] Education Requirements [ ] Endorsement/Reciprocity  
[ ] State Examination [ ] Grandfather Requirements  
[ ] National Examination

Qualifications for licensure in this state are:

- a. Total hours of education \_\_\_\_\_
- b. Number of hours required in Swedish Massage \_\_\_\_\_
- c. Number of hours required in Anatomy & physiology \_\_\_\_\_
- d. Written examination required? Yes [ ] No [ ]
- e. Practical examination required? Yes [ ] No [ ]

**Please attach a copy of the current massage therapy requirements (rules) for your state. (If current rules have been sent to this office within the last 12 months, please disregard this request.)**

*I certify that the above information is correct and true. I have enclosed a copy of the requirements for this state.*

Name of Agency \_\_\_\_\_ Address \_\_\_\_\_

Signature \_\_\_\_\_ Typed Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

(STATE SEAL)