



611 Mulberry Road, Suite 300
 Derby, KS 67037
 Phone 316-788-3081 / Fax 316-788-6067
www.derbyks.com

**Application for
 Massage Therapist**

For office use only

 2x2 Photo
 Required

*Fee: \$75 New Renewal Derby License# _____ 2x2 Recent Photo

* If submitting both this application and an application for a Massage Therapy Business License, the \$75 fee for one (1) Therapist License Application per issuance period is waived.

LICENSE APPLICANT INFORMATION:

First Name	Last Name	Middle Name	Gender	Date of Birth
Aliases	Maiden Name	Social Security #	Driver's License #	
Address (last 5 years)	City	State	Zip Code	Country
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Email	Home Phone	Cell Phone		

BUSINESS, OCCUPATION OR EMPLOYMENT INFORMATION

Provide the following for the applicant for five years immediately preceding the date of application.

+ = And/or other massage therapy practitioners with whom the applicant was employed, affiliated or shared office space

Employer	Dates	Address, City, St, Zip	Position or Nature of Duties
Message related? Y/N	Supervisor	Phone number	+ Names of massage therapists you worked with
Employer	Dates	Address, City, St, Zip	Position or Nature of Duties
Message related? Y/N	Supervisor	Phone number	+ Names of massage therapists you worked with
Employer	Dates	Address, City, St, Zip	Position or Nature of Duties
Message related? Y/N	Supervisor	Phone number	+ Names of massage therapists you worked with

BUSINESS, OCCUPATION OR EMPLOYMENT INFORMATION – continued . . .

Employer	Dates	Address, City, St, Zip	Position or Nature of Duties
Massage related? Y/N	Supervisor	Phone number	* Names of massage therapists you worked with
Employer	Dates	Address, City, St, Zip	Position or Nature of Duties
Massage related? Y/N	Supervisor	Phone number	* Names of massage therapists you worked with

BACKGROUND QUALIFICATIONS – If the answer to any question is yes, provide explanation on separate page and attach to your application

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1) Is the applicant a citizen or lawful resident of the United States? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Is the applicant at least 18 years of age? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Has any person listed previously on this application been convicted of, or on diversion or deferred judgement for any felony or any crime of moral turpitude* within the five years immediately preceding the date of the application? If yes, then please state the nature of violation or offense, name and location of the court, each case number and date of the conviction or diversion_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| _____ | | |
| _____ | | |
| 4) Is any person listed previously on this application currently under indictment, charge or information for any felony or any crime of moral turpitude? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Is any person listed previously on this application a registered sex offender with any federal, state or local government? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Has the applicant been issued any similar license or permit allowing the practice of massage therapy within the past five years? If so, please provide type of license, issuing agency or jurisdiction, address and phone number of issuing agency or jurisdiction and time period covered by license: | <input type="checkbox"/> | <input type="checkbox"/> |

Have any of the previous licenses been revoked or suspended? Please explain: _____

7) Has the applicant been refused or denied any similar license or permit allowing the practice of massage therapy within the past five years? Yes No

If so, please provide the date of denial, agency or jurisdiction, address and phone number of agency or jurisdiction, and reason for such denial or refusal:

8) Please list all the names of the businesses, their locations and contact numbers at which you will be practicing massage therapy in the City of Derby.

MESSAGE PRACTITIONER DOCUMENT REQUIREMENTS (Proof 1-4 Not Required for Renewal)

All applicants must provide one recent **2 x 2 photograph** for their required photo ID card. New applicants must provide proof of education, training and experience for one of the following by providing copies of official transcripts and exam completion certificates.

- 1) Proof the applicant has sat for and passed the Massage and Bodywork Licensure exam (MBLEx)
- 2) Proof the applicant has sat for and passed the National Certificate of Therapeutic Massage and Bodywork exam (NCTMB) prior to February 1, 2015.
- 3) An official transcript showing the applicant has successfully completed a minimum of five hundred (500) instructor-taught classroom hours within a recognized massage therapist school.
- 4) Proof of one hundred fifty (150) hours of education from an accredited institution, plus at least twelve (12) hours of continuing education units in the last five years, plus membership in a nationally recognized massage therapy association.

I hereby swear under oath that I have read and am familiar with Ordinance 2290 of the City of Derby and with the requirements and regulations thereof as they pertain to my license, and I will comply with such regulations during the term of my license. Further, under penalty of perjury, I certify that all information provided is true and accurate to the best of my knowledge.

Signature of Applicant

Date

“Crimes involving moral turpitude” includes charges of sale of sexual relations, prostitution, buying sexual relations, patronizing a prostitute, human trafficking, promoting prostitution, aggravated human trafficking, sodomy, soliciting for immoral purposes, public nudity, lewd and lascivious behavior, sexual battery, loitering for the purposes of solicitation, commercial sexual exploitation of a minor, indecent liberties with a child, incest, adultery, bigamy, promoting obscenity, promoting obscenity to minors, displaying material harmful to minors, any crime set forth in Article 55 of Chapter 21 of the Kansas Statutes Annotated, possession, sale or distribution of any illegal drug or controlled substance or any other offenses similar to those listed herein that are contrary to the laws of any city, state or of the United States.