



MESSAGE THERAPIST APPLICATION

Allow 30 days for Approval
Licenses are for 2 year period

www.wichita.gov
CITY LICENSING
455 N. Main, 1st Floor
Wichita, KS 67202
(316) 268-4553

_____ MESSAGE THERAPIST

_____ New \$75.00
_____ Renewal \$75.00
_____ Replacement ID \$5.00

LICENSE APPLICANT INFORMATION:

Last Name	First Name	Middle Name	Gender	Date of Birth	
Other Names Used				Phone	
Address		City		State	Zip Code
Email					

EMPLOYMENT HISTORY FOR PAST FIVE YEARS:

Business Entity Name	Year

RESIDENCE FOR PAST FIVE YEARS:

City	State	Country	Year
City	State	Country	Year
City	State	Country	Year
City	State	Country	Year
City	State	Country	Year

BACKGROUND QUALIFICATIONS

- | | | |
|--|--------------------------|--------------------------|
| | 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 year of age? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to any of the following questions is yes, provide explanation on a separate page and attach to your application.

- | | | |
|---|--------------------------|--------------------------|
| 3) Has the applicant 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Is the applicant currently under indictment, charge or information for any felony or any crime of moral turpitude? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Is the applicant 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Have any of the previous licenses been revoked or suspended?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? 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: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|
- _____

ADDITIONAL INFORMATION –

Applicant will need to get their photo taken at the License Office, on the First Floor of City Hall, for their required photo ID card.

Provide proof of education, training and experience (One of the following)

- 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, at least twelve (12) hours of continuing education units in the last five years, and membership in a nationally recognized massage therapy association.

I hereby certify that I have read and am familiar with Chapter 3.55 of the Code of the City of Wichita and with the requirements thereof as they pertain to 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

FOR OFFICIAL USE ONLY

LICENSE #	DATE
TOTAL FEE	EXPIRATION DATE