



8. PROFESSIONAL LIABILITY INSURANCE COVERAGE OF AT LEAST \$250,000.00 IS REQUIRED {SDCL 35-36-21} FOR LICENSURE.

LIST YOUR INSURANCE CARRIER \_\_\_\_\_ **AND ATTACH A COPY OF THE CERTIFICATE OF INSURANCE or DECLARATION PAGE. DO NOT SEND PROOF OF YOUR ASSOCIATION MEMBERSHIP.** THAT IS NOT PROOF OF INSURANCE.

**No license will be issued without correct proof.**

9. IF YOU HOLD A VALID LICENSE FROM ANOTHER STATE TO PRACTICE MASSAGE, THAT STATE OF LICENSURE MUST COMPLETE THE ATTACHED FORM (page 4) AND SEND IT DIRECTLY TO THIS OFFICE.

STATE OF YOUR CURRENT LICENSE \_\_\_\_\_

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10. HAVE YOU EVER BEEN CONVICTED OF A FELONY OF ANY KIND, OR OF ANY CRIME, EITHER FELONY OR MISDEMEANOR, INVOLVING DISHONESTY OR MORAL TURPITUDE, OR RELATING TO THE PRACTICE OF MASSAGE? \_\_\_\_\_ YES \_\_\_\_\_ NO

*IF YES*, DESCRIBE THE CONVICTION(S), THE STATE, COUNTY AND DATE OF CONVICTION (ATTACH A SEPARATE PAGE IF NECESSARY). \_\_\_\_\_

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11. HAVE ANY PROCEEDINGS EVER BEEN TAKEN AGAINST YOU IN CONNECTION WITH LICENSURE OR PRACTICE AS A MASSAGE THERAPIST, OR FOR ANY OTHER PROFESSION, WHETHER IN SOUTH DAKOTA OR ELSEWHERE? \_\_\_\_\_ YES \_\_\_\_\_ NO

*IF YES*, ATTACH A SEPARATE STATEMENT WITH A DETAILED DESCRIPTION OF ANY SUCH PROCEEDINGS, THE STATE AND COUNTY IN WHICH THEY OCCURRED, AND THE DATE OF SAID ACTIONS.

12. HAVE YOU EVER BEEN DISCIPLINED WITH A REPRIMAND, CENSURE, SUSPENSION, TEMPORARY SUSPENSION, PROBATION, REVOCATION OR REFUSAL TO RENEW A LICENSE IN ANY STATE? \_\_\_\_\_ YES \_\_\_\_\_ NO

*IF YES*, IN A SEPARATE ATTACHMENT EXPLAIN THE REASONING FOR SUCH DISCIPLINE, DESCRIBE THE EXACT DISCIPLINE, THE DATE OF THE DISCIPLINE AND WHETHER YOU HAVE RECEIVED YOUR LICENSE BACK AFTER INCIDENT.

13. DO YOU ABUSE OR ARE YOU ADDICTED TO ALCOHOL, MARIJUANA OR ANY CONTROLLED SUBSTANCE? \_\_\_\_\_ YES \_\_\_\_\_ NO

14. HAVE YOU EVER BEEN FOUND TO HAVE PRESCRIBED OR ADMINISTERED CONTROLLED SUBSTANCES NARCOTICS, BARBITURATES, OR OTHER POTENTIALLY HABIT FORMING SUBSTANCES WITHOUT A LICENSE TO PRESCRIBE OR ADMINISTER SUCH SUBSTANCE ACCORDING TO SOUTH DAKOTA LAW? \_\_\_\_\_ YES \_\_\_\_\_ NO

*IF YES*, IN A SEPARATE ATTACHMENT GIVE A DETAILED DESCRIPTION OF ANY SUCH PROCEEDINGS, THE STATE AND COUNTY YOU PARTICIPATED IN SUCH ACTIONS, AND THE DATE OF SAID ACTIONS.

15. DO YOU OWE CHILD SUPPORT ARREARAGES IN THE SUM OF \$1,000.00 OR MORE? (more, over) \_\_\_\_\_ YES \_\_\_\_\_ NO



# SOUTH DAKOTA BOARD OF MASSAGE THERAPY

## License by Endorsement

### Verification of State Licensure

**Verification must be completed & signed by the current State licensing Board and submitted directly to the SD Board Office address below.**

#### PLEASE PRINT ALL INFORMATION REQUESTED

Name of Applicant: \_\_\_\_\_

I, THE OFFICIAL FROM THE \_\_\_\_\_ LICENSING BOARD,  
*State name*  
VERIFY THE ABOVE NAMED APPLICANT WAS GRANTED LICENSE # \_\_\_\_\_ FROM  
THIS STATE BOARD ON \_\_\_\_\_,  
*month / day year*  
LICENSE EXPIRATION DATE: \_\_\_\_\_

**I FURTHER VERIFY** THE NAMED APPLICANT COMPLETED A TRAINING PROGRAM FROM A NATIONALLY ACCREDITED SCHOOL WHICH INCLUDED COURSES AND HOURS NO LESS THAN AS OUTLINED BELOW:

YES or If not, please explain: \_\_\_\_\_

**Subject** (In-class instructor supervised coursework)

- Human Anatomy, Physiology, and Kinesiology = a minimum of 125 hours of classroom instruction.
- Clinical Pathology and recognition of various conditions = a minimum of 40 hours of classroom instruction.
- Massage/Bodywork Theory, Assessment and Application = a minimum of 200 hours of classroom instruction.
- Adjunct techniques & methods that theoretically complete a massage program = a minimum of 125 hours of classroom instruction.
- Business Practices and Professionalism = a minimum of 10 hours total (*to include 6 clock hours of ethics*) of classroom instruction.

**I FURTHER VERIFY** THE APPLICANT PASSED THE EXAMINATION REQUIRED FOR LICENSURE (please check one):

- |  |   |
|--|---|
| <input type="checkbox"/> NESL (NCBTMB)   | <input type="checkbox"/> MBLEx (FSMTB)                                  |
| <input type="checkbox"/> NCETMB (NCBTMB) | <input type="checkbox"/> NBCA Massage Therapy Certification Exam (AMMA) |
| <input type="checkbox"/> NCETM (NCBTMB)  |   |

If not, please explain: \_\_\_\_\_

Official Signature: \_\_\_\_\_ Title / Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send completed form directly to:** South Dakota Board of Massage Therapy  
PO Box 1062  
Sioux Falls, SD 57101-1062  
(605/271-7103)