



South Dakota Board of Massage Therapy
P.O. Box 340, 1351 N. Harrison Avenue, Pierre, SD 57501-0340
Ph.: 605-224-1721 Fax: 888-425-3032

E-mail: SDBMT@midwestsolutionsd.com www.doh.sd.gov/boards/Massage

APPLICATION FOR LICENSE RENEWAL

Please submit the following:

1. Completed application;
2. Renewal fee of \$45;
3. A copy of verification of any name change; and
4. Proof of Malpractice or Professional Liability Insurance of at least \$250,000.

A licensing fee of \$45 is required to be submitted with this application. Your application for renewal will not be processed without the required fee. All renewal applications must be postmarked by September 30th.

Name: _____ License #: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

The Board primarily communicates with licensees via e-mail. Please add a valid e-mail address to ensure you receive these communications.

CONTACT INFORMATION

Name of Primary Business: _____ Phone: _____

Physical Address: _____ Mailing address: _____

City: _____ State: _____ Zip: _____

Do you have another business addresses? YES NO If yes, please provide additional contact information on a separate sheet.

Do you prefer to receive mail from the Board at your: Home Primary Business?

LEGAL QUESTIONS

Please answer the following questions: If you answer yes to any question, please provide a written explanation.

Have you been convicted of or pled guilty to a felony, any crime involving or relating to the practice of massage, or any crime involving dishonesty or moral turpitude in the past 12 months? YES NO

Have you been disciplined with a reprimand, censure, suspension, temporary suspension, probation, revocation, or refusal to renew a professional license in any state in the past 12 months? YES NO

Are you \$1,000 or more behind in child support payments? YES NO

CONTINUING EDUCATION REQUIREMENTS

Licensed massage therapists must complete at least 8 hours of continuing education every two years. (SDCL 36-35-19) Accepted continuing education is any course with a clear purpose and objective which maintains, improves, or expands the skills and knowledge relevant to massage therapy of the human body. Qualifying continuing education must meet the definition of massage therapy pursuant to § 36-35-1(3) or be education presented by an approved provider of the National Certification Board for Therapeutic Massage and Bodywork, American Medical Massage Association, or Federation of State Massage Therapy Boards. (ARSD 20:76:03)

Any or all of the required 8 hours of continuing education may be obtained electronically (online or by other electronic means).

Continuing education requirements must be met every two years. The current continuing education cycle runs from October 1, 2016 through September 30, 2018. Continuing education used to meet renewal requirements must be taken during the current continuing education cycle.

Because continuing education is required every two years, continuing education is prorated based on the initial date of your licensure. If you were licensed before October 1, 2016, you must show proof of 8 hours of continuing education to renew your license by September 30, 2018. If you were licensed after October 1, 2016, please refer to the following for the continuing education hours required to renew your license by September 30, 2018:

- October 1, 2016 – March 31, 2017
- April 1, 2017 – September 30, 2017
- October 1, 2017 – March 31, 2018
- April 1, 2018 – May 31, 2018
- 8 hours of continuing education required
- 6 hours of continuing education required
- 4 hours of continuing education required
- 2 hours of continuing education required

Continuing education is not required to renew your license this year, but will be required to renew your license in 2018.

Initial that you have read the requirements for continuing education and are aware of the continuing education requirements you will need to meet to renew your license in 2018.

Initials

PROOF OF MALPRACTICE OR PROFESSIONAL LIABILITY INSURANCE

Malpractice or professional liability insurance coverage of at least \$250,000 is required by law (SDCL 36-35-21) to be licensed. The licensee must be a named insured of the coverage.

Please provide the following information for your insurance coverage. If your insurance coverage expires during the term of your massage license, you are required by law to renew it.

Please provide proof of your malpractice or professional liability insurance coverage by submitting a copy of your declarations page or certificate of insurance with this application. Do not send a copy of your association membership or business insurance.

Effective Date	Expiration Date	Carrier Name	Policy Number	Coverage Amount

EDUCATION/TRAINING

To help verify the Board’s records for our electronic database, please provide the name of the school you received your massage training from and year of graduation:

School Name: _____

Year of Graduation: _____

OTHER LICENSES

Do you currently hold a valid license to practice massage therapy in any other state or the District of Columbia?
_____ YES _____ NO

If Yes, which state(s)? _____

ASSOCIATIONS/3rd PARTY COMMUNICATIONS

Are you a member of a national massage therapy association? _____ YES _____ NO

If yes, which association? _____ ABMP _____ AMTA _____ NAMT _____ Other

Would you like to receive mailings about continuing education opportunities from third parties? _____ YES _____ NO

STATISTICAL INFORMATION

These questions are asked for statistical purposes. Your answers are optional.

Do you practice massage therapy: _____ Full Time _____ Part Time _____ Do Not Practice _____

What is your gender? _____ Female _____ Male

STATISTICAL INFORMATION (continued)

What is your race? Please check all that apply.

- Asian
- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Pacific Islander
- Hispanic or Latino
- White or Caucasian
- Other
- Decline to Provide

License Application Fee: Please include a personal check, cashier's check, certified check or money order made payable to the State of South Dakota for the applicable amount.

\$45 licensing fee

BY MY SIGNATURE BELOW, I VERIFY, UNDER PENALTY OF PERJURY, THAT I AM THE LICENSEE COMPLETING THIS APPLICATION AND THAT ALL INFORMATION SUBMITTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT FALSE OR INCORRECT INFORMATION, OMISSIONS, INACCURACIES OR FAILURE TO MAKE FULL DISCLOSURE MAY RESULT IN THE CANCELLATION OR DENIAL OF A LICENSE ISSUED PURSUANT TO THIS APPLICATION AND MAY BE SUBJECT TO CIVIL AND CRIMINAL PROCEEDINGS. I AGREE ALL INFORMATION IN THIS APPLICATION CAN BE VERIFIED AND INVESTIGATED. I HAVE READ, AND AM FAMILIAR WITH THE SOUTH DAKOTA CODIFIED LAWS REGULATING MASSAGE THERAPY AND HEREBY AGREE TO ABIDE BY SUCH LAWS.

Signature of Applicant

Date

For Office Use Only: Check # _____ Amount _____ Date _____