



South Dakota Board of Massage Therapy

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website: doh.sd.gov/boards/Massage/

APPLICATION FOR INACTIVE LICENSE

Please submit the following with the completed application:

1. 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
 - a. Nonrefundable fee of \$25.
2. Applicant's current SD Massage Therapy License.

1. APPLICANT INFORMATION			
Full Name:			
first	middle	last	
License Number:			
Address			
City		State	Zip
Cell Phone	<input type="checkbox"/> None	Home Phone	<input type="checkbox"/> None

2. COMMUNICATION	
<i>The Board uses e-mail to communicate with licensees</i>	
E-mail	
Do you prefer to receive your license inactivation letter from the Board at your: <input type="checkbox"/> Home <input type="checkbox"/> Primary Business	

1. EMPLOYMENT INFORMATION		
Do you have a business address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Business	Phone	
Physical Address		
Mailing Address	<input type="checkbox"/> Same as above	
City	State	Zip
Do you have another business address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes, please provide additional contact information on a separate sheet.</i>		

An Inactive License is **not a license to practice** massage therapy. An Inactive License has no expiration date and can be activated by paying the current license fee and providing proof of at least 8 hours of qualifying continuing education in the two-year period preceding a reactivation request.

BY MY SIGNATURE BELOW, I VERIFY, THAT I UNDERSTAND AN INACTIVE LICENSE IS NOT A LICENSE TO PRACTICE MASSAGE THERAPY AND, UNDER PENALTY OF LAW, I WILL NOT PRACTICE MASSAGE THERAPY WITHOUT AN ACTIVE LICENSE. 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 Licensee

Date

For Office Use Only: Date Received: _____ By _____

Check # _____ Amount _____ Dated _____