



## South Dakota Board of Massage Therapy

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## **2023 APPLICATION FOR LICENSE RENEWAL**

Please submit the following with the completed application by mail (or login on our website to complete online):

1. Renewal fee of \$65.00.
  - a. Please include a personal check, cashier's check, certified check, or money order made payable to the South Dakota Board of Massage Therapy. *Cash payments will not be accepted.*
    - i. Checks will be processed as a one-time electronic funds transfer from the coinciding account.
2. Proof of Malpractice or Professional Liability Insurance of at least \$250,000 (see Section 7)

**Your application for renewal will not be processed without the required fee or documents above.**  
***All renewal applications must be postmarked by September 30, 2023, or your license will be considered expired, and you may not work until you reapply for licensure.***

1. APPLICANT INFORMATION			
Full Name:			
<small>(as it appears on your license)</small>			
<small>first</small>	<small>middle</small>	<small>last</small>	
License Number: MT			
Address:		Apt/Unit/Suite #:	
City:	State:	Zip:	
Cell Phone:	<input type="checkbox"/> None	Home Phone:	<input type="checkbox"/> None

1B. NAME CHANGE (if applicable)		
Is your legal name different than the name on your license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Full Legal Name:		
<small>first</small>	<small>middle</small>	<small>last</small>
<b><i>Please include a copy of the legal document which initiated the name change – marriage certificate, divorce decree, adult adoption agreement, etc. Without proof, the name change cannot be applied.</i></b>		

2. MILITARY STATUS	
Are you or your spouse of a member of the armed forces of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "no", skip to Section 3)	
If "yes", were you or your spouse the subject of a military transfer to South Dakota	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", did you leave employment to accompany to relocate to South Dakota?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If all answers are "yes", please provide a copy of the transfer orders (AF Form 899) and a copy of your military ID card – front and back. If these documents are provided, the renewal fee will be waived.</i>	

For Office Use Only: Date Received: \_\_\_\_\_ By \_\_\_\_\_

Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Dated: \_\_\_\_\_

### 3. COMMUNICATION

***The Board uses e-mail to communicate with licensees. Please add a valid e-mail address.***

E-mail Address:

Do you prefer to receive your license mailed from the Board at your: ☐ Home ☐ Primary Business

A copy of your license should be posted at every location where you conduct business. How many copies of your license will you require?:

Would you like to receive mailings about continuing education, employment, or other opportunities from third parties? ☐ Yes ☐ No

### 4. PRIMARY BUSINESS

Do you have a business address? ☐ Yes ☐ No (if "no", skip to Section 5)

Name of Primary Business:

Phone:

Physical Address:

Mailing Address:

☐ Same as above

City:

State:

Zip:

Do you have another business address? ☐ Yes ☐ No

***If "yes", please provide additional contact information on a separate sheet.***

### 5. LEGAL QUESTIONS

***(if you answer "yes" to any question, please provide a written explanation)***

Have you been convicted of, or pled guilty or *nolo contendere* to, a felony, any crime involving or relating to the practice of massage, or any crime involving dishonesty or moral turpitude since your last renewal that has not been reported to the Board? ☐ 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 twelve months that has not been reported to the Board? ☐ Yes ☐ No

Are you \$1,000 or more behind in child support payments? ☐ Yes ☐ No

### 6. OTHER LICENSES

Do you currently hold a license to practice massage therapy in another state or District of Columbia?

☐ Yes ☐ No

***If "yes", list active massage therapy licenses you currently have.***

State

License Number

Expiration Date

### 7. PROOF OF MALPRACTICE OR PROFESSIONAL LIABILITY INSURANCE

***Please attach verification of your insurance coverage Certificate of Insurance or Policy Declaration  
Page – your application for renewal cannot be processed without this document.***

Malpractice or professional liability insurance coverage of at least \$250,000 is required by law ([SDCL 36-35-21](#)) for your licensure. **The applicant must be a named insured of the coverage.**

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## 8. CONTINUING EDUCATION VERIFICATION

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, 2022 through September 30, 2024. 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, 2022, you must show proof of 8 hours of continuing education to renew your license by September 30, 2024. If you were licensed after October 1, 2022, please refer to the following for the continuing education hours required to renew your license by September 30, 2024:

- |                                      |  |
|--------------------------------------|--|
| • October 1, 2022 – March 31, 2023   | • 8 hours of continuing education required |
| • April 1, 2023 – September 30, 2023 | • 6 hours of continuing education required |
| • October 1, 2023 – March 31, 2024   | • 4 hours of continuing education required |
| • April 1, 2024 – May 31, 2024       | • 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 2024.

*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 2024.*

\_\_\_\_\_  
**Initials**

By my signature below, I verify, under penalty of perjury, that I am the licensee completing this application and all information submitted is true and correct to the best of my knowledge. I further understand that false or incorrect information, omissions, inaccuracies, or failures 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 that all information in this application can be verified and investigated. I have read, and am familiar with, the South Dakota Codified Laws and Administrative Rules regulating massage therapy and hereby agree to abide by such laws and regulations.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

For Office Use Only:

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