



# South Dakota Board of Massage Therapy

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website: [doh.sd.gov/boards/Massage/](http://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.

In the alternative you may scan and email your completed application and you will be phoned to process the \$25.00 fee with a debit or credit card.

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
<b><i>The Board uses e-mail to communicate with licensees (Please print legibly)</i></b>
E-mail:

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: \_\_\_\_\_

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