



South Carolina Department of Labor, Licensing and Regulation
Office of Board Services

MASSAGE/BODYWORK THERAPIST APPLICATION

Application and License Fee \$150.00

PLEASE TYPE OR PRINT CLEARLY AND RETURN FORM TO:

SC Dept. of Labor, Licensing and Regulation
Office of Board Services
Massage/Bodywork Therapy
110 Centerview Dr.
Post Office Box 11329
Columbia, South Carolina 29211-1329
Phone: (803) 896-4588
Email: InformationRequest@llr.sc.gov

<p>FOR AGENCY USE ONLY</p> <p>FEEES</p> <p>\$50 Application _____</p> <p>\$100 License _____</p> <p>All Fees Are Non-Refundable</p>
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I HEREBY MAKE APPLICATION for licensure as a massage/bodywork therapist in the state of South Carolina and submit for consideration the following proofs as required by the South Carolina laws governing the practice of massage/bodywork therapy.

I UNDERSTAND that any omissions, inaccuracies or failure to make disclosures may be deemed sufficient reason to deny a license or suspend or revoke a license if issued by the Agency. I also understand that the Agency may investigate or make inquiries concerning my record or background, and I agree to furnish any additional information requested by the Agency and to appear before the Agency in person if requested.

The following items must be completed and sent to this office or the application will be considered incomplete and returned to you:

For Licensure:

- ❖ ~~Verification~~ Verification(s) of licensure (all other states, if applicable)
- ❖ ~~U-300~~ U-300 massage/bodywork therapy transcript indicating total number of hours completed
- ❖ Copy of either having passed the National Certification Examination or the Federation of States Examination (MBLex)

1. Legal Name _____

Last Name
First Name
MI
2. Date of birth: _____
3. Home address (Not P. O. Box) _____
 City: _____ State: _____ Zip _____
4. Mailing address: _____
 City: _____ State _____ Zip _____
5. Telephone no.: (Home) _____ (Work) _____ (Cell) _____
6. Business Name: (if applicable) _____
7. Business address: _____
 City _____ State _____ Zip _____
8. Did you graduate from high school? _____ Did you receive a GED? _____
9. Name and address of high school: _____
 City: _____ State _____ Zip _____
10. Did you graduate from massage school: _____ Date of graduation _____

11. Name and address of massage school: _____

City: _____ State _____ Zip _____

12. Please provide a notarized copy of training certificate from the massage school you completed.

13. Did you take the National Certification Examination or the Federation of States exam for
massage? _____ Please indicate which exam _____

Date passed examination: _____

14. Name and address of examination site: _____

City _____ State _____ Zip _____

15. Please provide a notarized copy of test scores or certificate from the testing agency.

16. Do you or have you ever held a license to practice massage in another state? ____ Yes ____ No
If yes, list the state(s) below. If more space is needed, attach the listing to this application.

State licensed: _____ License number: _____ From (mo./yr.) _____ To: _____

State licensed: _____ License number _____ From (mo./yr.) _____ To: _____

17. Have you ever had a professional or occupational license denied, suspended, revoked or surrendered or have you ever
been disciplined by the licensing authorities in this state or any state or jurisdiction?

____ Yes ____ No If yes, attach a separate statement giving complete details.

18. Have you ever been convicted of or pled guilty to or nolo contendere to a felony or a crime involving drugs or moral
turpitude or are there any criminal charges now pending against you?

____ Yes ____ No If yes, attach a separate statement giving complete details and submit a state criminal background check
where the vilation(s) occurred.

Personal information provided in this application may to subject to public scrutiny or release under the S.C. Freedom of
Information Act or other provisions of federal and state law.

**When you provide a check as payment, you authorize us to use information from the check to make a one-time electronic
fund transfer from your account, or to process the payment as a check transaction. You authorize us to collect a fee
through electronic fund transfer from your account if your payment is returned unpaid. Please provide the following on
you check: Drivers License #; Full Name; Street Address and Phone Numbers.**

AFFIDAVIT

I, _____, am the person described and identified, of good moral character, and the person
named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have
answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I
furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of
my license to practice Massage Therapy in South Carolina.

Applicant's Signature _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20____

Signature of Notary Public _____

My Commission Expires _____

Seal required here

AFFIDAVIT OF ELIGIBILITY

Pursuant to Section 8-29-10 SC Code of Law, **ALL** applicants for a South Carolina license after July 1, 2008 are required to complete and sign this Affidavit of Eligibility.

Section A: LAWFUL PRESENCE in the United States.

I, (please print your full name) _____, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1. ___ I am a United States citizen or legal permanent resident eighteen years of age or older; or
2. ___ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
 - a. ___ I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
 - b. ___ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.
3. ___ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
 - a. ___ I am a US citizen, not physically present or employed in the United States.
 - b. ___ I am a Foreign National, not physically present or employed in the United States.

If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.

Section B: Secure and Verifiable Document. This section must be completed if you checked number 1 or 2 in Section A.

1. Please check one of the following acceptable secure and verifiable documents. Complete documentation must be provided **upon request only**.

- Any South Carolina Driver License, South Carolina Driver Permit or South Carolina Identification Card, expired less than one year.
- Out-of-state issued photo Driver's License or photo identification card, photo driver's permit expired less than one year. State: _____
- Valid Temporary Resident Card
- Certificate of Naturalization with intact photo
- Certificate of (US) Citizenship with intact photo
- Other: (Name of verifiable document) _____

2. Enter the state or the federal agency name where this secure and verifiable document was issued.

(If issued by a state agency, include both the state and agency name.)

3. What is the secure and verifiable document number? _____

_____/_____/_____

Social Security Number

4. What is the expiration date of your secure and verifiable document? ____/____/____ (month/day/year)

(If you hold a document without an expiration date, such as a military ID or naturalization certificate, write N/A.)

Section C: Attestation.

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States. I may also be required to provide proof of lawful presence.
- I understand that in accordance with section 8-29-10 false statements made herein are punishable by law. I state under penalty of perjury that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Labor, Licensing and Regulation upon request and is subject to verification.

Signature

Date

Please print your name as shown on your secure and verifiable document.

Professional License Type: _____

License Number (if already licensed): _____

The South Carolina Code of Laws requires that every individual who applies for an occupational or professional license provide a social security or alien identification number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.