



OREGON BOARD OF MASSAGE THERAPISTS

LICENSURE BY EDUCATION CANDIDATE HANDBOOK AND APPLICATION

Effective Date 09/8/2014

Oregon Board of Massage Therapists

728 Hawthorne Ave. NE Salem, OR 97301

Phone 503-365-8657 Fax 503-385-4465

www.oregon.gov/OBMT

The Oregon Board of Massage Therapists regulates and monitors the practice of massage therapy in Oregon. Its role is to balance public safety and the needs of Licensed Massage Therapists by developing, implementing, and maintaining the standards of professional conduct and practice. Completed applications must include the following:

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Licensure by Education Application Checklist

Required to take Practical Examination

- Completed Practical Examination Application Form with a no larger than 2" X 2" photograph attached (passport-sized) taken within the last 12 months
- A copy of a valid government-issued picture ID, such as a driver's license, passport, or military ID
- A list of schools attended for massage training
- A list of three references that do not reside with you, yet can be relatives
- Official transcripts in a sealed envelope
- A copy of a current CPR certification card (front and back)
- Appropriate Fees:
 - \$50.00 Non-refundable Practical Examination Application Review Fee.
 - \$150.00 Practical Examination Fee; and if applicable
 - \$43.00 Fingerprint Processing Fee

Prior to issuance of License

- Copy of passing notice for an OBMT approved written exam, if already completed

The Board will accept any one of the following written exams:

The Massage and Bodywork Licensing Exam (MBLEx), administered by The Federation of State Massage Therapy Boards (FSMTB) at **866.962.3926** or online at <http://fsmtb.org>.

- The National Certification Exam for Therapeutic Massage (NCETM) or The National Certification Exam for Therapeutic Massage and Bodywork (NCETMB), administered by The National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) at **800.296.0664** or online at www.ncbtmb.org.
- The Certification Examination for Structural Integration, administered by Certification Board for Structural Integration (CBSI) at **414.908.4947** or online at www.siexam.org.

- Pass a Background Check: If you have not already done so, you will need to schedule to have your fingerprints taken electronically by field print. Please see the instruction below to schedule an appointment for your fingerprint to be taken electronically in the State of Oregon.

- You will need to pay the fingerprinting fee of **\$12.50** to Fieldprint.
- You will need to pay the fingerprint processing fee of **\$43.00** to the Oregon Board of massage Therapists.

To schedule an electronic fingerprinting appointment in the State of Oregon, please follow these simple instructions:

1. Visit www.FieldprintOregon.com
2. Click on the "Schedule an Appointment" button.
3. Enter an email address under "New Users/Sign Up" and click the "Sign Up" button. Follow the instructions for creating a Password and Security Question and then click "Sign Up and Continue".
4. Enter this Fieldprint Code: **FPORMassTherapistsDAS**
5. Enter the contact and demographic information required by the FBI and schedule a fingerprint appointment at the location of your choosing.
6. At the end of the process, print the Confirmation Page. Take the Confirmation Page with you to your fingerprint appointment, along with two forms of identification.
7. If you have any questions or problems, you may contact our customer service team at 877-614-4364 or customerservice@fieldprint.com.

Instructions for Completing the Application Form

Section 1 *Applicant Information:* Fill in all boxes, using “N/A” where you have no response. Previous names must include maiden name, previous married name(s), or any alias used.

Section 2 *Application:* Circle what you are applying for and the modality you will demonstrate in the practical exam, if applicable.

Section 3 *Special Accommodations:* The Oregon Board of Massage Therapists complies with the Americans with Disabilities Act of 1990 (ADA). To request ADA accommodations, applicants must submit their request to the Board **in writing** and must include a recent professional diagnosis (from, for example, a licensed physician, optometrist, social worker, psychologist, etc.) that explains the nature of the disability and the reason special testing arrangements are necessary. All documentation from a professional must be written on letterhead that includes their title, address, telephone number, and original signature. This documentation must be provided before an applicant will be scheduled to take the Oregon practical exam.

Section 4 *Voluntary Affirmative Action Information:* It is your choice to provide this information. Mark only one box. If you identify with more than one ethnic background, you may choose “Other.”

Section 5 *Physical Description:* Please list your height and weight, and your hair and eye color. Include a front-view photograph that is no larger than 2” X 2” and was taken within the last 12 months. You must also provide a copy of a valid government-issued picture ID, such as a driver’s license, passport, or military ID.

Section 6 *Occupational Licenses:* Please list any health licenses you have to practice in another field, in any state.

Section 7 *Arrests, Convictions and Sanctions:* If you have ever been arrested and/or convicted of any crime, other than a minor traffic violation, or if you have been sanctioned by another licensing agency in any state or jurisdiction, even if dismissed by diversion or the charges were dropped, you must **provide:**

- a written explanation, *in your own words*, describing the incident(s), including: what occurred, when it occurred, how it was resolved, and the steps you have taken to prevent reoccurrences in the future.
- all related official documentation, including:
 - » copies of arrest/police report(s),
 - » a copy of the judgment,
 - » a copy of the settlement of the judgment,
 - » a copy of any Board/Agency orders,
 - » documentation from a treating physician documentation, etc.

Any false claims may result in denial or revocation of licensure. Prior arrests and/or convictions will not automatically result in a denial. The Board has the right to request additional information and/or an informal meeting to discuss the matter.

Section 8 *Education:* List any colleges, universities, specialty schools, vocational schools, and/or professional schools you attended for massage training.

Section 9 *References:* Provide a list of three references (not residing with you, yet may be relatives).

Section 10 *Release of Practical Exam Scores:* Checking “Yes” will release your practical exam date, pass/fail information, and score details to your primary massage training school. This helps schools evaluate their programs.

Section 11 *Certification:* Your signature and the date are necessary to complete the application. Please note, you are certifying that all information you have provided is true and that you understand the laws and rules that govern the massage profession in Oregon.

Section 12 *Payment Information:* Indicate the method of payment and provide any required information.

Oregon Board of Massage Therapists Practical Examination Application

1. Applicant Information – please print or type

Last Name	First	Middle Initial	Date of Birth
Address	City	State	Zip Code
Home Phone	Cell Phone	Social Security Number	
Mailing Address (if different)	City	State	Zip Code
List all previous names used (including maiden name and previous married names)	E-mail (required)	Driver's License Number / State	

NOTICE: As part of your application for an initial or renewed occupational or professional license, certification, or registration issued by the Oregon Board of Massage Therapists, you are required to provide your Social Security Number. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC § 405 (c)(2)(C)(i), and 42 USC § 666 (a)(13). Failure to provide your Social Security Number is a basis for refusal to issue or renew the license, certification, or registration you seek. This record of your Social Security Number will be used for child support and tax administration purposes (including identification) only, unless you authorize other uses of the number. Although a number other than your Social Security Number appears on the face of the licenses issued by the Oregon Board of Massage Therapists, your Social Security Number will remain on file with the Oregon Board of Massage Therapists.

2. Application

What are you applying for? (circle one): Practical Exam Endorsement Credentialing Review

Circle the modality you will demonstrate during your practical exam. If no modality is selected, Swedish will be assigned.

- | | | | |
|-----------------------|-----------------------|-----------------|------------------------|
| Acupressure | Lomilomi | Reflexology | Structural Integration |
| Body Talk | Myofascial Release® | Rolfing® | Swedish |
| Bowen | Neuromuscular Therapy | Rosen Method® | Trager® Approach |
| Cranialsacral Therapy | Polarity | Russian Massage | Trigger Point |
| Deep Tissue | Postural Integration® | Shiatsu | |

Other: _____ (You must contact the OBMT office, **in advance**, for permission.)

3. Special Accommodations

Are you requesting special accommodations under the ADA (Americans with Disabilities Act)? **Yes*** **No**

***NOTE, if you mark Yes:** you will need to include current verification of your disability from a healthcare professional. See the Instructions for Completing the Application for information about how to qualify for special accommodations.

4. Voluntary Affirmative Action Information: Ethnic Background

Check only one: Asian/Pacific Islander African American Caucasian
 Hispanic Native American/Alaskan Native Other

5. Physical Description

Height	Weight	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Hair Color	Eye Color	

6. Do you hold a license to practice in another field? **Yes** **No**

Occupation(s) _____

Occupation(s) _____

Attach a **FRONT-VIEW** photograph, no larger than **2" x 2"** in this box.

Photo must have been taken within the last 12 months (1 year).

7. Arrests, Convictions and Sanctions

STOP! Read the instructions completely before answering the following questions.

Making a FALSE STATEMENT in this application may result in deferral or denial of your license. It is always better to disclose and explain events that the Board may find relevant, than to conceal information.

Please NOTE: If you answer “No” to Question 4 because you believe an expungement order or a setting aside or sealing of your conviction, has cleared your record, you must personally verify with the court that the expungement, setting aside, or sealing has actually taken place. The incorrect belief that a conviction has been expunged, set aside, or sealed, when in fact it has not, is treated by the Board as if you have made a false statement.*

Read each question completely. You must answer each question with “Yes” or “No”, whichever is true.

1.	Have you EVER been required to register as a sex offender in this or any other state?	
2.	Have you EVER been investigated, disciplined, or denied licensure by any governmental licensing agency?	
3.	Have you EVER surrendered any professional license in any state, territory, or jurisdiction?	
4.	Have you EVER been arrested or convicted for: (a) a felony; (b) a misdemeanor; or (c) any major traffic violation, such as driving under the influence of intoxicants? *STOP: Major traffic violations, such as tickets received for driving under the influence of drugs or intoxicants (DUI, DUUI, DWI), MUST BE REPORTED – even if you went through a diversion program.	
5.	Have you EVER abused, or received treatment for abusing, alcohol or controlled/mind-altering substances?	
6.	Have you EVER received inpatient mental healthcare for a psychological condition, addiction, or chemical dependency that may affect your ability to safely practice?	

If you answer “Yes” to any of these questions, **YOU MUST** attach a detailed written explanation of the circumstances that led to, and the outcome of, all relevant events. **YOU MUST ALSO** provide copies of related official documentation, including but not limited to: police reports, court records, final actions and/or orders, records of a treating physician, etc.

By my signature below, I hereby certify that information submitted on or relating to this form is true and correct, and grant the Board permission to examine civil or criminal records to verify any statement made on this application. I understand that providing incomplete or inaccurate information **WILL** result in a deferral or denial of my license.

8. Educational Information

On a separate sheet of paper, list all the schools you attended for massage training. Print and sign your name.

9. References

On a separate sheet of paper, list three references (not living with you, yet can be relatives). Print and sign your name.

10. Release of Practical Exam Scores

I authorize the Board to release my practical exam date, pass/fail status, and score details to my primary massage training school, for the purpose of program evaluation. Yes No

11. Certification

By my signature below, I certify that: I have read and will comply with the current** Oregon Revised Statutes (ORS) and Oregon Administrative Rules (OAR) that govern massage; and that all information provided is true, accurate, and complete to the best of my knowledge. I understand that falsification of any information or materials may result in denial, suspension, and/or revocation of licensure.

Signature of the Applicant

Date

*To receive a current copy of the Rules and Statutes, please visit our website – www.oregon.gov/OBMT – or contact the office at 503-365-8657.

12. Payment Information

Fees

- Non-refundable Application fee: \$50
 - Practical Exam fee: \$150
 - Fingerprint Processing fee: \$43
-

FOR CREDIT/DEBIT CARD PAYMENT:

By my signature below, I authorize the Oregon Board of Massage Therapists to debit my credit card or debit card the indicated authorized amount.

Signature

Date

.....

Note: Once payment has been processed, this section is removed and shredded

CHECK

(Make checks payable to OBMT)

Check Number: _____

Amount: _____

CREDIT/DEBIT Visa MasterCard

Card Number: _____

Expiration: _____

V-Code: _____

(Visa only; see reverse side of card)

Authorized Amount for debit:

\$243

Billing Address Street Number: _____

Zip Code: _____

(For example, for 728 Hawthorne Ave, you would enter "728" above)

Complete and Return to:

OBMT 728 Hawthorne Ave NE, Salem, OR 97301

Please note: Sending your application by certified mail may delay processing

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Oregon

John A. Kitzhaber, MD, Governor

Oregon Board of Massage Therapists
728 Hawthorne Ave NE
Salem, OR 97301
Phone: 503 / 365-8657
Fax: 503 / 385-4465
Web: www.oregon.gov/OBMT

CANCELLATION LIST

Revised 2/2/2009

Per OAR 334-010-0010 2) *The applicant shall be notified by mail, postmarked at least two weeks before the scheduled exam, unless otherwise waived by the applicant, of the time and place.*

If you agree to waive your 14-day notice and be placed on a cancellation list, please complete this form and submit it with your application for examination.

If a date prior to your scheduled exam date should become available you will receive a telephone call asking about your availability and confirming your acceptance or denial of the new date and time. **Please do not call our office to check on availability.**

I, _____, waive my right to 14-day notice and wish to be placed on the
(Print Name)
Practical Exam Cancellation List.

Applicant's Signature

Date

Please note:

Signing this waiver does ***not*** guarantee an earlier exam date.

Other Items of Business

Approval

When an application is approved, the applicant is notified by email and U.S. mail of instructions to access an online scheduling system.

Applicants may request to be placed on a cancellation list by completing the cancellation form and including it with their application. If an earlier examination date becomes available, the applicant waives their right to 14-day written notice and is contacted by telephone. Completing the cancellation form does not guarantee an earlier test date.

Exams are held Tuesday through Thursdays, but this schedule is subject to change. Requests for specific exam dates may be included with the application and will be accommodated when possible. Exams are typically scheduled 30-45 days out but this waiting time depends on the number of applicants. **Applicants should not submit the \$150 practical exam fee until they are fully prepared to take the Practical Exam.**

A 25-question Jurisprudence (Law) Exam is sent to applicants with their exam approval notification. This open book exam can be completed at home. It can be returned to the Board by mail, brought to the Practical Exam or provided at the time of Initial Licensure. Applicants must pass the Jurisprudence Exam in order to be licensed.

Refund of Examination Fee

The examination fee may be refunded upon written request if an applicant does not qualify for the Practical Exam. The \$50 application fee is non-refundable.

The Day of the Exam

Rescheduling of Examination Date (Fees Forwarded)

An exam date may be rescheduled for individuals who have a documented and verifiable emergency. A written request as well as documentation that verifies the emergency must be provided. Only one extension is permitted and requests should be submitted as soon as the emergency presents itself.

Admission to the Exam

Be sure to arrive on time; be prepared for traffic or other unexpected delays. Candidates arriving late to the exam may forfeit their exam appointment and fee. Candidates may not report to the exam site more than 10 minutes before their scheduled exam. To check-in for the exam, candidates must present their notification letter and a valid government-issued picture ID, such as a driver's license, passport, or military ID. Candidates will not be admitted without these documents. Expect to be at the exam site for up to one and a half hours.

Apparel

Please dress in clean, comfortable, and professional clothing for the exam. Shoes are required. Do not wear clothing marked with a school logo.

Please arrive FREE OF ODORS. If you arrive with ANY noticeable odor (e.g. body odor, smoke, perfume, cologne, essential oils, etc.), you will NOT be admitted to the practical exam and you will forfeit the \$150 exam fee. To ensure you are free of body odor, please do not exclude the use of proper hygiene products (e.g. deodorant, etc.).

Supplies

The Board will provide **all** supplies, including a lotion holster. The lotion holster is a standard size; if you are concerned that this may not meet your needs, please bring your own.

Conduct during the Exam

According to Oregon Administrative Rule 334-010-0010 (7):

An examinee whose conduct interferes with the testing process or whose behavior violates ethical practices or jeopardizes the safety of another may be dismissed and disqualified from examination. Such conduct includes but is not limited to the following behaviors:

- (a) Giving or receiving exam data, either directly or indirectly,*
- (b) Failure to follow written or oral instructions relative to conducting the exam, including termination times and procedures;*
- (c) Endangering the life or health of others present*
- (d) Introducing unauthorized materials during any portion of the examination;*
- (e) Attempting to remove examination materials or notations from the testing site; or*
- (f) Violating the credentialing process such as falsifying or misrepresenting educational credentials or other information required for admission to the examination, impersonating an examinee, or having an impersonator take the licensing examination on one's behalf.*

The Examination

Content Outline

The exam is scored in three content areas:

Communication and Assessment – Communication with the client examiner is evaluated throughout the exam, including initial assessment and exit interview skills. It is important to note that the client examiner may not be able to respond to your questions.

Massage and Bodywork – The candidate will perform a 10-minute demonstration of their chosen modality. Sanitation, client safety, client interaction, body mechanics, draping, application of technique, and professionalism will be evaluated throughout the exam. (Please see Draping Rules). Remember, this demonstration represents only part of a typical session, not a full session.

Kinesiology – The candidate will outline muscles, locating all attachments, and will name and demonstrate the actions. With the exception of Pectoralis Major, all outlining of muscles must be done on undraped (bare) skin. Outlining of Pectoralis Major may be done just above the drape. (Please see Draping Rules).

Candidates will randomly select five (5) muscles to outline, identifying muscle attachments and naming and demonstrating the actions, AND two (2) muscles for demonstration of a stretched or shortened position. The muscles will be drawn from the following list:

Abductor pollicis brevis	Flexor pollicis longus	Quadratus femoris
Abductor pollicis longus	Gastrocnemius	Quadratus lumborum
Anconeus	Gemellus inferior	Rectus abdominis
Adductor brevis	Gemellus superior	Rectus femoris
Adductor longus	Gluteus maximus	Rhomboids
Adductor magnus	Gluteus medius	Sartorius
Adductor pollicis	Gluteus minimus	Scalenes
Biceps brachii	Gracilis	Semimembranosus
Biceps femoris	Iliacus	Semitendinosus
Brachialis	Infraspinatus	Serratus anterior
Brachioradialis	Intercostals	Serratus Posterior
Coracobrachialis	Internal obliques	Inferior Serratus Posterior
Deltoid	Latissimus dorsi	Superior Soleus
Diaphragm	Levator scapula	Splenius capitis
Erector spinae	Masseter	Splenius cervicis
Extensor carpi radialis brevis	Obturator externus	Sternocleidomastoid
Extensor carpi radialis longus	Obturator internus	Suboccipitals
Extensor carpi ulnaris	Occiputofrontalis	Subscapularis
Extensor digitorum communis)	(epicranium) Opponens pollicis	Supinator
Extensor digitorum longus	Palmaris longus	Supraspinatus Temporalis
Extensor hallucis longus	Pectineus	Tensor fascia latae
Extensor pollicis brevis	Pectoralis major	Teres major
Extensor pollicis longus	Pectoralis minor	Teres minor
External obliques	Peroneus (fibularis) brevis	Tibialis anterior
Flexor carpi radialis	Peroneus (fibularis) longus	Tibialis posterior
Flexor carpi ulnaris	Piriformis	Transverse abdominus
Flexor digitorum longus	Plantaris	Trapezuis
Flexor digitorum profundus	Popliteus	Triceps brachii
Flexor digitorum superficialis	Pronator quadratus	Vastus intermedius
Flexor hallucis longus	Pronator teres	Vastus lateralis
Flexor pollicis brevis	Psoas Major	Vastus medialis

NOTE: Muscles that attach on the pubic bone will *NOT* be eligible for outlining. They will still be eligible as demonstration of a stretch or shortening.

Suggested Reference Texts

The Oregon practical exam assesses a candidate's ability to practice massage safely and competently. The following references may be helpful as you review:

Trail Guide to the Body – Biel

The Muscular System Manual – Muscolino

Manual of Structural Kinesiology – Thompson

Mosby's Basic Essential Sciences for Therapeutic Massage – Fritz and Grosenbach

The Massage Connection: Anatomy and Physiology – Premkumar

Pathology A to Z – Premkumar

Practical Examination Procedure

The practical exam is 50 minutes long. **It is not meant to represent a one-hour massage and bodywork session, and many aspects of a session may not be a part of the exam.** There are three examiners: a client examiner, a reading examiner, and an observing examiner. The exam is audio and video taped for integrity only, not for scoring.

When candidates arrive (please, no more than 15 minutes early), they check-in at the front desk and present their notification letter and a valid government-issued picture ID. After checking in, candidates will randomly select the muscles they will be tested on. The candidate will be given an outline of the exam and informational materials to read prior to taking the exam.

Next, the client examiner will greet the candidate, show them to the exam room, familiarize them with the room, and instruct the candidate to make necessary preparations. To prevent bias in the exam, candidates are known only by a candidate number and examiners are instructed not to converse with candidates. Candidates will be asked if they have read and understood the exam instructions. This is for the exam record.

Once the exam begins, a timer in the exam room will count down the minutes that remain in the exam. During the exam, the reading examiner will read instructions to the candidate and may repeat them as often as requested. Instructions cannot be explained or rephrased. The order of the exam cannot be changed. Once a task has been completed it cannot be revisited. A task may be skipped and returned to at the end of the exam if time permits. A task cannot be skipped once it has been started, and partially completed tasks may not be returned to.

The candidate will be asked to explain considerations, techniques, and contraindications for a specified condition. The condition applies only to this portion of the exam. It is not a factor in any other part of the exam, nor does the client examiner actually have the condition. The condition will be assigned from the following list (see next page):

Adhesive Capsulitis (Frozen shoulder)	Dislocations	Postural Deviations
Allergic Reactions (hives, anaphylaxis)	Edema	Postoperative Situations
Alzheimer's Disease/Dementia	Embolism, Thrombus	Post-Traumatic Stress Disorder
Ankylosing spondylitis	Endometriosis	Pregnancy/ Ectopic Pregnancy
Anxiety disorders and Depression	Fever	Psoriasis
Arteriosclerosis/Atherosclerosis	Fibromyalgia	Raynaud's Syndrome
Arthritis / septic / rheumatoid	Fractures	Scar tissue
Artificial joints / plates / screws	Fungal infections	Sciatica
Asthma	Gout	Seizure Disorders
Bell's Palsy	Headaches	Shingles – herpes zoster
Bleeding/Clotting Disorders - Thrombocytopenia/Thrombophilia	Hematoma	Shin Splints
Bunions	Hepatitis	Skin Cancer
Bursitis	Hernia	Skin Conditions (Boils, Acne rosacea, acne vulgaris, herpes simplex, warts)
Carpal Tunnel Syndrome	HIV/AIDS	Spasms, cramps
Cancer General	Hypertension/Hypotension	Spondylosis
Cellulitis	Hypermobility/Hypomobility	Sprains/Strains
Cerebral Palsy	Inflammation	Stroke
Chronic Fatigue Syndrome	Irritable Bowel Syndrome	Temporomandibular Joint Disorder
Common Cold/Flu	Lice and mites Low	Tendinopathies
Compartment Syndrome	Back Pain Lupus (autoimmune)	Tenosynovitis
Congestive Heart Failure	Lymphedema	Thoracic Outlet Syndrome
Contusions	Multiple Sclerosis	Thrombophlebitis
COPD (chronic bronchitis, emphysema)	Myocardial Infarction (heart attack)	Torticollis / Spasmodic Torticollis (dystonia)
Crohn's Disease	Myofascial Pain Syndrome	Traumatic Brain Injury
Cruciate and Meniscal injuries	Osteoarthritis	Trigeminal Neuralgia
Deep Vein Thrombosis	Osteoporosis Parkinson's Disease	Varicose Veins
Degenerative disc disease	Patellofemoral Syndrome	Whiplash
Dermatitis/Eczema	Peripheral Neuropathy	Wounds and burns
Diabetes Mellitus	Piriformis Syndrome	
	Plantar Syndrome	
	Fasciitis	
	Pneumonia	

The candidate will be asked to demonstrate either an active or passive range of motion assessment on a particular area of the body, chosen by the Board.

The candidate will instruct the client examiner to prepare for the massage and bodywork portion of the exam. If the client must undress, the candidate and the two other examiners will leave the room to allow the client examiner to disrobe and get onto the massage table.

After returning to the room, the candidate will demonstrate their chosen modality for 10 minutes. They must show proficiency in the areas of: *sanitation, client safety, client interaction, body mechanics, application of technique, and professionalism.*

The candidate will be asked to demonstrate a drape that exposed the abdomen without exposing breast tissue. Breast tissue must remain covered regardless of the gender of the client examiner. If the client examiner has not yet undressed, the candidate and the two remaining examiners will leave the room to allow the client examiner to disrobe and get onto the massage table.

The candidate will be asked to demonstrate muscle knowledge, including muscle attachments and location, muscle actions, and safe movement. **All muscle outlining must be done on the client examiner's undraped skin** with the exception of Pectoralis Major, which may be outlined just above the drape. During muscle outlining, verbalization (the words the candidate uses) are not scored. During demonstration of actions, the candidate will be required to verbalize (name) **and** show the actions of the muscle. Actions must be demonstrated on the client's body, unless instructed differently.

*NOTE: If an examiner observes behavior from the candidate during the exam that is a danger to the client examiner they may "pause" the exam. Areas of client endangerment may include, but are not limited to: poor hygiene or sanitation; unclear, non-existent, or inappropriate communication; unprofessional language; belligerent conduct; improper draping or exposure; inappropriate touch; unassisted or otherwise unsafe turns; insufficient warming of tissue; improper range of motion; jerking joints in a manner likely to cause injury; inappropriate depth of pressure and/or persistent failure to respond to client's verbal and nonverbal cues. **Under some circumstances this may result in termination of the exam.***

When the exam is complete, the candidate must check out and retrieve their belongings prior to departing the exam site.

Results

Notification of practical exam results is sent by email and mail within 30 days and typically much sooner. Failed exams are automatically reviewed a second time. Please **do not call the Board office for your results**; they cannot be given over the phone.

A **minimum score of 70% in each section of the Practical Exam** is necessary to pass. If a candidate scores less than 70% on **any part** of the exam, they will be required to re-take the **entire** exam. The \$150 exam fee must be paid again for all re-takes.

Examination Appeals

To appeal a failed exam, a candidate must do so in writing and the Board office must receive the appeal **within 30 days** of the date on the candidate's exam results notification letter. Appeals must identify the specific errors of content, procedure, bias, prejudice, or discrimination that the candidate believes are applicable. The Board will not consider oral arguments from the candidate unless the Board determines that further information is required directly from the candidate. **Exam results will not be modified unless the Board is presented with clear and convincing evidence of an error in the exam process.**

Re-examination Information

To re-take the practical exam, candidates must submit the Re-Exam Form supplied with their results letter, payment of the \$150 examination fee, and proof of current CPR certification (if the CPR certification on file from a previous application remains current, there is no need to resubmit proof). Candidates must pass the practical exam within 24 months of the first attempt. If a candidate does not pass in three attempts, they must re-establish eligibility as determined by the Board.

Initial Licensure

When a candidate receives notification that they have passed the practical exam, they will also receive an Application for Initial Licensure. This application, along with payment of the initial license fee and a candidate's fingerprint processing fee and schedule an appointment for electronic fingerprint (if not previously provided to the Board), must be received by the board office within one year of the date the exam was passed. A massage license will not be issued until a candidate has:

- provided verification that they have passed a Board approved written exam (or in the case of Endorsement, verification of licensure),
- passed the Jurisprudence (law) exam,
- submitted proof of current CPR certification,
- provided fingerprint processing fee, scheduled for electronic fingerprint, and the results have been returned to the board office
- satisfied any other outstanding issues, if applicable.

National Criminal Background Check Information (Electronic Fingerprinting)

The board requires that all new candidates provide fingerprints for a national criminal background check prior to issuance of a license. Send a payment of \$43 for criminal background processing fee. Please make checks or cashier's checks out to the OBMT. This fee is non-refundable. Additionally, the state of Oregon requires that electronic fingerprinting, in lieu of fingerprint cards.

To Schedule an appointment for electronic fingerprinting, please follow the instructions below:

1. Visit www.FieldprintOregon.com
2. Click on the "Schedule an Appointment" button.
3. Enter an email address under "New Users/Sign Up" and click the "Sign Up" button. Follow the instructions for creating a Password and Security Question and then click "Sign Up and Continue".
4. Enter this Fieldprint Code: **FPORMassTherapistsDAS**
5. Enter the contact and demographic information required by the FBI and schedule a fingerprint appointment at the location of your choosing.
6. At the end of the process, print the Confirmation Page. Take the Confirmation Page with you to your fingerprint appointment, along with two forms of identification.
7. If you have any questions or problems, you may contact our customer service team at 877-614-4364 or customerservice@fieldprint.com.

You cannot advertise or practice massage until you have received your physical license!

Communicable Disease Guidelines*

Adopted June 12, 1998

There are a number of infectious agents causing disease, which can be transmitted in person-to-person contact. Massage therapists work in close physical contact with their clients and thus are potentially at risk for both contacting and transmitting disease-causing organisms. Transmission routes are numerous and an organism can be conveyed from one person to another by more than one route. The examples listed below describe common disease entities and modes of transmission. The examples do not represent an all-inclusive list.

ROUTE OF TRANSMISSION	DISEASE
Skin to skin contact	Staphylococcal infection; Streptococcal infection; Lice; Scabies; Herpes
Skin contact with object contaminated with infectious agents (i.e. clothing, handles on faucets, doorknobs, etc.)	Lice (clothing); Measles; Upper respiratory; Viruses (i.e. cold); Conjunctivitis
Skin contact with infected secretions (i.e. runny noses, rubbing eyes or skin when an infectious agent is present)	Upper respiratory; Viruses (i.e. cold); Conjunctivitis; Streptococcal infection
Fecal contamination of food/fluids followed by oral ingestion (i.e. failure to wash hands after using the toilet followed by food handling)	Hepatitis A; Candida (yeast)
Inhalation of airborne organisms	Many bacteria and viruses (i.e. cold, whooping cough)
Impaired skin integrity or mucosal skin exposure to infected body fluids (i.e. contact with infected body fluids allow organisms to enter the body through a break in the skin such as a cut or through mucous membranes such as found in the mouth and genitalia)	Hepatitis B (saliva, semen, blood, vaginal fluids); Human immunodeficiency virus (H.I.V.) (blood, semen, vaginal fluids); Herpes

In the vast majority of instances transmission is preventable with the use of basic hygienic practices available to anyone. The following guidelines were developed to address such concerns:

General Recommendations

- A. Give rigorous attention to hand-washing practices. Washing is the primary protection against acquiring and transmitting infectious organisms. Wash fingertips to elbows prior to and after every massage activity. Use warm water with single use soap and paper towels or a personal cloth towel that no one else uses.
- B. Provide single use soap and paper towels for client use in the restrooms.
- C. Encourage client hand-washing after use of the toilet via signs in the restrooms.
- D. Practice hand-washing after personal use of the toilet.
- E. Practice, and encourage client practice, of turning off water taps with a paper towel after washing and drying hands.

- F. Follow guidelines detailed in administrative rules regarding proper care and cleaning of equipment and linen.
- G. Seek health care attention for diagnosis and treatment of symptoms that indicate an infectious process in the LMT.
- H. Encourage client to seek health care attention for diagnosis treatment of symptoms that indicate an infectious process.
- I. Conduct verbal and/or written assessments of client's health and presence of symptoms of possible infectious conditions that are transmissible through ordinary massage activities, especially respiratory or skin conditions (i.e. coughing, sneezing, severe itching of scalp or other area, rashes, wounds, skin lesions). Ask the client if he/she has a known communicable disease.
- J. If in doubt about potential for transmission, refrain from massage and request client to obtain evaluation of health from a licensed health-care provider. Do not risk infecting yourself or transmitting infection to another client. Use good judgment based on principles of healthful living, sanitation, and disease control.

Specific Recommendations

- A. If an LMT is displaying symptoms of an upper respiratory infection (fever, coughing, sneezing, green or yellow nasal discharge), refrain from massage until the symptoms are controlled. Wash your hands frequently, especially after blowing your nose or covering your mouth with your hand.
- B. If an LMT has an infectious skin rash, lesions, or an open wound of any kind on the hands or arms, do not massage until skin integrity is restored.
- C. If an LMT has an infectious body rash, do not massage until the infection is absent.
- D. If an LMT has an infectious lesion or wound present on body areas other than hands and forearms, adequately bandage the area so no infective secretions come into contact with clothes or hands. Be thorough about hand washing after bandaging and before massaging.
- E. Individual LMTs who are carriers of Hepatitis B, H.I.V., or any other infectious organisms transmitted by body fluids must refrain from giving massages if there are any areas of the hands or forearms which, for any reason, are subject to bleeding or have open and/or draining areas in the skin. The practice of massage may be resumed once skin integrity is restored to the hands and arms.

* The OBMT has adopted various policies/guidelines to provide additional clarification and information for both licensees and the general public. This policy is supplemental to the Oregon Revised Statutes and Oregon Administrative Rules and as such does not supersede or replace information contained in the Statutes or Rules that govern massage. Should you have any questions regarding this policy please contact the Board office.



Oregon

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Topical Preparations Policy* **Adopted March 9, 2006**

Topical preparations may be used for the purposes of massage as defined in ORS 687.011 (5). Topical preparations are used for but not limited to:

- lubricating and minimizing friction,
- warming or cooling an area,
- minimizing pain,
- addressing inflammation,
- promoting the healthy function of organs and systems of the body.

The Oregon Board of Massage Therapists expects that any LMT using a topical preparation understand the safe application, indications, and contraindications as they apply to each client. Informed consent protocol must be followed.

LMTs are reminded that they need appropriate knowledge and education that may be beyond their initial training when utilizing topical preparations.

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