



# Oregon

Theodore R. Kulongoski, Governor

## Board of Massage Therapists

748 Hawthorne Ave NE

Salem, OR 97301

Phone: (503) 365-8657

Fax: (503) 385-4465

[www.oregon.gov/OBMT](http://www.oregon.gov/OBMT)

## Mid-Cycle to Active Renewal Form

**Change of License Status:** To reactivate your inactive license you must provide proof of the number of CE hours for each renewal period that you were inactive and pay the \$50 remaining license fee, which is the difference between the inactive and active fee.

**Continuing Education:** Unless this is your first renewal period you are required to submit a completed Continuing Education Form (see reverse) along with the required proof of Continuing Education (CE). The total number of CE hours required is 25 per each two year renewal period up to a maximum of 50 CE hours and the minimum number of "contact hours" is half of the total due.

**CPR:** Effective January 1, 2008, proof of current CPR is required as part of your Active renewal. CPR may be submitted for continuing education and if taken in the presence of an instructor, can be applied toward "contact hours" for a maximum of 4 hours. Online courses are acceptable.

**Address/Name Changes:** Changes must be submitted in writing via fax, US mail, website or renewal form. Name changes must be accompanied by legal verification (e.g. a government issued ID, driver's license, marriage certificate, passport or divorce decree). A penalty of up to \$1,000 may be imposed for failing to notify the Board within 30 days of any change.

**Practicing Without a License:** Advertising or practicing massage without a current Active Massage License issued by the OBMT is a violation of state law and subject to civil penalties of up to \$1,000 per violation assessed by the Board.

### Remember to:

- ✓ Verify the information in all sections is accurate and complete.
- ✓ Provide all required documents. (CE, name change, arrest record, etc.)
- ✓ Sign the application.
- ✓ Enclose appropriate payment including the late fee if applicable. You may pay by check, money order payable to OBMT **or** credit card (Visa or MasterCard).

**A LICENSE CANNOT BE ISSUED UNTIL ALL APPLICATION REQUIREMENTS ARE COMPLETE AND ALL FEES HAVE BEEN PAID.**

# OBMT Continuing Education Form

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

LMT License #: \_\_\_\_\_

I certify that this information is true and accurate. I understand that per *OAR 334-010-0050 5) if the board finds indications of fraud or falsification of records, investigative action shall be instituted. Findings may result in disciplinary action including revocation of the licensee's license.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**See OAR 334-010-0050 for the complete Administrative Rules concerning continuing education.**

**PLEASE READ BEFORE COMPLETING THIS FORM:**

- ✓ Please only submit copies of documentation for the number of CE hours required for this renewal.
- ✓ CE hours must be relevant and pertain to your massage practice and enhance your massage knowledge.
- ✓ Excess "contact hours" may be carried over for one renewal period. The licensee is responsible for ensuring that carry-over CE has not been submitted twice. The OBMT will randomly audit carry-over hours for compliance.
- ✓ It is licensee's responsibility to track CE hours submitted to assure hours are in compliance. Documentation of CE must be maintained by each **licensee** for a minimum of **five years**.
- ✓ One CE is equal to one clock hour.
- ✓ Courses/media may only be counted once per renewal period.
- ✓ CE courses taken for National Certification or licensure in another state can be used for Oregon licensure provided they meet Oregon CE requirements.
- ✓ OBMT does not regulate CE providers. It is the licensee's responsibility to be diligent when selecting providers.
- ✓ Different types of CE require specific documentation. Please refer to the categories below for further details.

**Contact Hours:** You must submit proof of the minimum number of CE 'contact hours' required.

**"Contact hours"** are in the physical presence of an instructor with other massage, bodywork or healthcare professionals.

Attendance in class, workshop or training

Attach copies of transcript, certificate of completion or letter of verification. Documentation must include the provider's name, address, and phone number, CE topic, date, and total number of CE hours received.

**Total Contact Hours Submitted** \_\_\_\_\_

**Non-Contact Hours:** Excess "contact hours" may be submitted in place of the following categories.

Research work or published author

Attach abstract of work(s), contact information of research agency or publisher.

#CE hours \_\_\_\_\_

Volunteer massage at an organized event

Attach a letter of verification from the event(s) coordinator that includes your name, event title, date of event, time, and organizers contact information.

#CE hours \_\_\_\_\_

Telecommunication or on-line course(s)

Attach copy of transcript, certificate, or proof of completion including provider contact information.

#CE hours \_\_\_\_\_

Self-study based on media (i.e.: book, periodical, audiocassette, VHS/DVD)

Attach a one-page summary on what you learned and how you might or might not incorporate it into your practice. Include title, author, publisher information and number of hours to read/watch.

#CE hours \_\_\_\_\_

Serve as a board/committee member, examiner or attend a board meeting

Attach list of days worked/attended (*limit one (1) CE per day*)

#CE hours \_\_\_\_\_

Teaching, mentoring or peer supervision

Attach proof of teaching: pay stub, letter of verification from employer, attendee sign in sheet.

#CE hours \_\_\_\_\_

Other: Learning experiences not listed

Contact the Board office for advice.

#CE hours \_\_\_\_\_

**Total Non-Contact Hours** \_\_\_\_\_

**Total CE hours submitted for this renewal period** \_\_\_\_\_



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### MID-CYCLE to ACTIVE RENEWAL FORM

LMT License #: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Nickname: \_\_\_\_\_ Other Names: \_\_\_\_\_

Email Address: \_\_\_\_\_

Additional Email Address: \_\_\_\_\_

**Home Address:**  
(Must be physical address)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Work Name:**  
(Location where the majority of massage is performed)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Cell: \_\_\_\_\_

**Mailing Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you want to be excluded from the mailing list:  **NO**  **YES** (If you mark yes, you will still receive Board mailings)

The mailing list allows companies or individuals to distribute information about CE's, products, etc.

Mark which address that you want to appear on the website Licensee Verification screen:  
 **Home**  **Mailing**  **Work**  **None** (If "None" is selected, the City, State and Zip will still appear)

List the primary modalities you are practicing: (e.g.: Swedish, Reiki and Reflexology)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

**I hold a license to practice in the following health related field(s):**

(Please include the state where the license is held)

**For each question below, indicate YES or NO in the space provided.**

If you answer "Yes" to any of the questions below you **MUST** attach a detailed written explanation of the circumstances leading to and the outcome of the situation **AND** include copies of all related official documentation, including but not limited to: police reports, court documents, final actions and/or order, doctors' letter, etc.

1. Yes\_\_\_ No\_\_\_ Since your last renewal have you been investigated, disciplined or denied licensure by this agency or any other governmental licensing agency in any state, territory or district of the United States or foreign country?
2. Yes\_\_\_ No\_\_\_ Since your last renewal have you surrendered your massage or other professional license in any state, territory or district of the United States or foreign country?
3. Yes\_\_\_ No\_\_\_ Since your last renewal have you been arrested, charged or convicted of any type of violation of the law, including both misdemeanors or felonies, other than a minor traffic ticket involving parking or a moving violation (such as speeding) in any state, territory or district of the United States or foreign country? **Note:** a ticket for driving under the influence or driving with a suspended driver's license must be reported.
4. Yes\_\_\_ No\_\_\_ Since your last renewal have you abused or been treated for the abuse of alcohol or controlled substance(s)?
5. Yes\_\_\_ No\_\_\_ Since your last renewal have you suffered from and/or received treatment for a mental, physical or emotional condition, which could impede your ability to safely practice?

✓ Proof of your current CPR certification **MUST** be attached.

**By my signature below, I certify that: I have read and will comply with the current\* Oregon Revised Statutes (ORS) and Administrative Rules (OAR) governing massage; all information is true, accurate and complete to the best of my knowledge.** I understand that providing incomplete or inaccurate information will result in a delay of my renewal and may result in disciplinary action by the Board. If returning from lapsed status, additional fees may apply. (\*You may obtain a current copy of the Rules and Statutes on our website at [www.oregon.gov/OBMT](http://www.oregon.gov/OBMT).)

Your current license status is: INACTIVE

**FOR ACTIVE STATUS:**

I certify that I have completed and attached proof of the required Continuing Education hours.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Payment Type:

**Check:**  
(Make payable to OBMT)

Check #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**Please circle option: Visa / MasterCard**

Card #: \_\_\_\_\_

V-code: \_\_\_\_\_ (for Visa only, reverse side of card)

Authorized Amount to Charge: \$ \_\_\_\_\_

Billing Address of Card: Street #: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(Example: Write 748 for 748 Hawthorne Ave NE. Do not write the entire address.)

**Complete and Return to: OBMT 748 Hawthorne Ave NE, Salem, OR 97301**

For Office Use Only:

Rec'd date/initials \_\_\_\_\_

Updated date/initials \_\_\_\_\_

Paid date/initials \_\_\_\_\_