



**2006 ACTIVE CONVERSION RENEWAL  
APPLICATION INSTRUCTIONS**  
*(Please read carefully)*

**Oregon**  
BOARD OF  
MESSAGE  
THERAPISTS

**Due Date:** If you were born in January through December of odd numbered years or January, February, March or April of even numbered years your renewal form must be postmarked no later than the April 1, 2006. If you were born in May through December of even numbered years your renewal must be postmarked no later than the first day of your birth month in 2006. In order to avoid a late fee all renewal applications submitted must be complete and postmarked by these due dates.

**Remember:**

- ✓ Complete all sections.
- ✓ Sign the application.
- ✓ Enclose payment for the appropriate fees as listed on page 2. Include a late fee of \$25 per week up to a maximum of \$250, if applicable. You may pay by check or money order payable to the OBMT **OR** by credit card (Visa or MasterCard).

**We cannot issue a license until all fees have been paid and the application is complete.**

**Continuing Education:** You are not required to show proof of CE hours with this form. You will be required to submit proof of all relevant CEUs with your next renewal. See chart on page 2.

**CPR:** CPR is not currently required as part of the active renewal process; however, it may be submitted for continuing education.

**Change of Status:** If you wish to change status to **inactive do not complete this form.** Contact the office immediately for instructions.

**Name Change:** If you have legally changed your name, you need to provide proof in the form of government issued ID (drivers license, marriage certificate or divorce decree). If this information is not provided your name will not be changed in our database. A penalty of up to \$1,000 may be imposed for failing to notify the Board of any changes within 30 days of the change.

**Address Changes:** A penalty of up to \$1,000 may be imposed for failing to notify the Board of any address changes within 30 days of the change. Address changes must be submitted in writing via fax, US mail or on our web site.

**Practicing Without a License:** You should be aware that in addition to the late fee, a penalty of up to \$1,000 per violation may also be imposed for advertising and/or practicing massage without a **current** Oregon license.

**Return the renewal application to:**

**OREGON BOARD OF MESSAGE THERAPISTS (OBMT)**

748 Hawthorne Ave NE  
Salem, OR 97301  
(503) 365-8657  
(503) 385-4465 Fax

Check out our website at [www.oregonmassage.org](http://www.oregonmassage.org)

## Active Renewal

1	2	3	4	5	6
Birth Year	Birth Month	Amount Due	Conversion Renewal Due Date	Next Renewal/ New Exp Date	CE Due at Next Renewal
Odd	January	\$4.00	April 1, 2006	January 2007	26
Odd	February	\$8.00	April 1, 2006	February 2007	27
Odd	March	\$12.00	April 1, 2006	March 2007	28
Odd	April	\$17.00	April 1, 2006	April 2007	29
Odd	May	\$21.00	April 1, 2006	May 2007	30
Odd	June	\$25.00	April 1, 2006	June 2007	31
Odd	July	\$29.00	April 1, 2006	July 2007	32
Odd	August	\$33.00	April 1, 2006	August 2007	33
Odd	September	\$37.00	April 1, 2006	September 2007	34
Odd	October	\$42.00	April 1, 2006	October 2007	35
Odd	November	\$46.00	April 1, 2006	November 2007	36
Odd	December	\$50.00	April 1, 2006	December 2007	37
Even	January	\$54.00	April 1, 2006	January 2008	39
Even	February	\$58.00	April 1, 2006	February 2008	40
Even	March	\$62.00	April 1, 2006	March 2008	41
Even	April	\$67.00	April 1, 2006	April 2008	42
Even	May	\$71.00	May 1, 2006	May 2008	43
Even	June	\$75.00	June 1, 2006	June 2008	44
Even	July	\$79.00	July 1, 2006	July 2008	45
Even	August	\$83.00	August 1, 2006	August 2008	46
Even	September	\$87.00	September 1, 2006	September 2008	47
Even	October	\$92.00	October 1, 2006	October 2008	48
Even	November	\$96.00	November 1, 2006	November 2008	49
Even	December	\$100.00	December 1, 2006	December 2008	50

These are the directions on how to read the above chart. You will only select one row (left to right) for your correct data.

**Column 1:** Were you born in an odd or even numbered year?

**Column 2:** Find what month you were born in that year.

**Column 3:** This is the dollar amount that you should submit along with this conversion renewal form.

**Column 4:** This is the date that your conversion renewal is due. Remember, it has to be postmarked no later than this date in order to avoid a late fee.

**Column 5:** By completing the conversion renewal your new expiration date will be this date. Renewals, thereafter, will be due by the 1<sup>st</sup> day of your birth month on odd or even numbered years.

**Column 6:** This column lists the total number of continuing education units that you need to submit with the renewal due in column 5.

For those of you who have been licensed for more than one renewal period, the breakdown is thus: 25 units due from January 1, 2005 through December 31, 2006; and the remaining units are prorated from January 1, 2007 to your birth month. If you have any contact hours left over from 2003-2004 you may use them towards the 25.

If you were initially licensed in 2005 or 2006 you need only supply CE from January 1, 2007 through your birth month.

All CEUs due may be obtained at any time starting January 1, 2005 through the renewal date listed in column 5. At this time, CPR is not a requirement to renew your license, however, you may use it as continuing education.



**2006 CONVERSION  
RENEWAL FORM for  
ACTIVE MASSAGE THERAPISTS**

**Oregon**  
BOARD OF  
MASSAGE  
THERAPISTS

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date of Check \_\_\_\_\_

**OR**

Card type: Visa    MasterCard    Amt Paid \_\_\_\_\_ Last 3 digits on back of card \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration date \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

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

(Example: 748 Hawthorne Ave NE only write 748)

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

**Nickname:** \_\_\_\_\_ **Other Surnames:** \_\_\_\_\_

**License #:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Work Address:** \_\_\_\_\_

(Location where the majority of massage is performed)

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

Phone: \_\_\_\_\_ Mobile #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Which address do you want listed on our website for License Verification?** If you select None only your City and State will show. Check only one.    Work    Mailing    Home    None

**Voluntary Affirmative Action Information:**

Ethnic Background (check only one)

- ? Asian or Pacific Islander    ? African American    ? Hispanic    ? Native American or Alaskan Native
- ? Caucasian                      ? Other

**Gender:**    Male            Female

**Modalities of Massage You are Practicing—List ONLY 3:**

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

yes\_\_\_ no\_\_\_ **Do you want to be exempt from the public mailing list?** If yes, you will still receive mail from the Board.

For each question below, indicate YES or NO in the space provided. If you answer YES, attach a separate sheet to your application and include a detailed written explanation. You must 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\_\_\_ Do you hold a license to practice in another health field? Occupation: \_\_\_\_\_
2. yes\_\_\_ no\_\_\_ Have you been investigated, disciplined or denied licensure by any governmental licensing agency in any state, territory or district of the United States or foreign country?
3. yes\_\_\_ no\_\_\_ Have you surrendered your massage license in any state, territory or district of the United States or foreign country?
4. yes\_\_\_ no\_\_\_ 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 drivers license must be reported. If yes, attach a detailed written explanation and include all related official documentation, including police reports, court documents, final action and/or orders, etc.
5. yes\_\_\_ no\_\_\_ Have you abused or been treated for the abuse of alcohol or controlled substance(s)?
6. yes\_\_\_ no\_\_\_ Have you suffered from and/or received treatment for a mental, physical or emotional condition, which could impede your ability to practice safely?

I understand that supplying proof of continuing education is not required at this time.

**I request *Active* status. By my signature below, I certify that I have read and will comply with the current Oregon statutes (ORS) and rules (OAR) governing massage\*; that all information is true and accurate to the best of my knowledge; and I understand that providing false information may result in sanction by the Board.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*You may obtain a current copy of the Rules and Statutes on our website at [www.oregonmassage.org](http://www.oregonmassage.org).