



**2006 INACTIVE 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 an Inactive license until all fees have been paid and the application is complete.**

**Continuing Education:** You are not required to obtain continuing education while in Inactive status. If you decide to reactivate your license within 5 years of first going Inactive, you will be required to submit proof of all CEUs for the time that you've been inactive. If it is over 5 years before you reactive, you will need to either show that you've been practicing in another jurisdiction, take a 50 refresher course, or take the Oregon Practical exam. Contact the office immediately for instructions should you wish to change status.

**CPR:** CPR is required when changing status from Inactive to Active. In addition, it may also be submitted for continuing education.

**Change of Status:** If you wish to change status to **active 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 a penalty of up to \$1,000 per violation may 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)

## Inactive Renewal

1	2	3	4	5
Birth Year	Birth Month	Amount Due	Conversion Renewal Due Date	Next Renewal/ New Exp Date
Odd	January	\$2.00	April 1, 2006	January 2007
Odd	February	\$4.00	April 1, 2006	February 2007
Odd	March	\$6.00	April 1, 2006	March 2007
Odd	April	\$8.00	April 1, 2006	April 2007
Odd	May	\$10.00	April 1, 2006	May 2007
Odd	June	\$13.00	April 1, 2006	June 2007
Odd	July	\$15.00	April 1, 2006	July 2007
Odd	August	\$17.00	April 1, 2006	August 2007
Odd	September	\$19.00	April 1, 2006	September 2007
Odd	October	\$21.00	April 1, 2006	October 2007
Odd	November	\$23.00	April 1, 2006	November 2007
Odd	December	\$25.00	April 1, 2006	December 2007
Even	January	\$27.00	April 1, 2006	January 2008
Even	February	\$29.00	April 1, 2006	February 2008
Even	March	\$31.00	April 1, 2006	March 2008
Even	April	\$33.00	April 1, 2006	April 2008
Even	May	\$35.00	May 1, 2006	May 2008
Even	June	\$38.00	June 1, 2006	June 2008
Even	July	\$40.00	July 1, 2006	July 2008
Even	August	\$42.00	August 1, 2006	August 2008
Even	September	\$44.00	September 1, 2006	September 2008
Even	October	\$46.00	October 1, 2006	October 2008
Even	November	\$48.00	November 1, 2006	November 2008
Even	December	\$50.00	December 1, 2006	December 2008

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.



**2006 CONVERSION  
RENEWAL FORM for  
INACTIVE 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

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 request *Inactive* 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)