



# OREGON BOARD OF MASSAGE THERAPISTS

## CANDIDATE HANDBOOK AND APPLICATION

Effective Date 05/22/2013

### **Oregon Board of Massage Therapists**

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

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## **Licensure Requirements**

### ***License by Examination***

To qualify to become a Licensed Massage Therapist in Oregon, an applicant must:

- meet specific education requirements
- pass the Oregon practical exam and the Oregon jurisprudence (laws) exam, and
- pass a Board approved written exam.

Applicants may take the practical and written exams in any order, but must pass all exams to become licensed.

Oregon requires a minimum 500 hours of education, which must include:

- 200 hours of health sciences, consisting of Anatomy and Physiology, Pathology, and Kinesiology; and
- 300 hours of Massage Theory and Practical Application, Clinical Practice, Business Development, Sanitation, Communication, and Ethics.

Applicants must complete required education before they will be approved to take the Oregon practical exam.

### ***License by State Endorsement***

Applications for State Endorsement are reviewed on an individual basis. Applicants who are currently licensed to practice massage in another jurisdiction may be granted an Oregon license by State Endorsement if that jurisdiction's licensing requirements, including education, written and practical examinations, meet or exceed Oregon's. Verification from a licensing agency and a copy of the applicant's current license must be submitted with the application. The following jurisdictions **may** qualify for State Endorsement:

#### **United States:**

- New Hampshire, if applicant passed state-administered practical exam
- Washington State, if applicant passed state-administered practical exam

#### **Canada:**

- Newfoundland
- Labrador
- Ontario
- British Columbia

### ***License by Health Endorsement***

Applicants who currently hold an Oregon license in an approved health-related field may be granted a massage license by Health Endorsement after successful completion of the practical and jurisprudence examinations. The applicant must provide transcripts for 300 hours of education in Massage Theory and Practical Application, Clinical Practice, Business Development, Sanitation, Communication, and Ethics; as well as verification from a licensing agency and a copy of their current license. The following professions qualify:

- Medical Doctor (MD)
- Occupational Therapist (OT)
- Naturopathic Doctor (ND)
- Registered Nurse (RN)
- Physician Assistant (PA)
- Doctor of Chiropractic (DC)
- Licensed Practical Nurse (LPN)
- Physical Therapist (PT)
- Licensed Acupuncturist (LAc)

## ***License by Credentialing Review***

Applicants who have legally practiced massage therapy in another state may be granted a license by Credentialing Review after successful completion of the Oregon practical and jurisprudence exams and an approved written exam. Applicants must:

- complete a practical exam application,
- complete the credentialing review addendum,
- pay the **additional** credentialing review fee of \$250, and
- provide official education transcripts and/or certificates of continuing education as follows:

Of 200 Anatomy & Physiology, Kinesiology, and Pathology hours required:

- » a minimum of *120 hours must be from certified class instruction*, and
- » up to 80 contact hours of continuing education may be counted.

Of 300 Massage Theory and Practical Application, Clinical Practice, Business Development, Sanitation, Communication, and Ethics hours required:

- » a minimum of *140 hours must be from certified class instruction*, and
- » up to 120 contact hours of continuing education may be counted.
- » up to 40 hours of verifiable practical work experience may also be counted.

## ***Board Approved Written Examinations***

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

- The Massage and Bodywork Licensing Exam (MBLEx),
- The National Certification Exam for Therapeutic Massage (NCETM), or
- The National Certification Exam for Therapeutic Massage and Bodywork (NCETMB).

### ***The Massage and Bodywork Licensing Exam (MBLEx)***

The MBLEx is administered by the Federation of State Massage Therapy Boards (FSMTB). Contact the FSMTB by phone at 866-962-3926, or online at <http://fsmtb.org>. Exam applications can be downloaded from the website.

### ***The National Certification Exam for Therapeutic Massage (NCETM) and The National Certification Exam for Therapeutic Massage and Bodywork (NCETMB)***

The National Certification Exams are administered by the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB). *Either exam is approved by the Board.* Contact the NCBTMB by phone at 800-296-0664, or online at [www.ncbtmb.org](http://www.ncbtmb.org). Applications can be downloaded from the website. Oregon does not require National Certification for the purpose of licensure.

### ***The CESI***

The Certification Examination for Structural Integration is administered by the Certification Board for Structural Integration (CBSI). The CBSI can be contacted by phone at 414-908-4947 or through their Web site at [www.siexam.org](http://www.siexam.org). Applications and a study guide can be downloaded from their Web site. If you have further questions, please contact the CBSI.

The written exam may be taken before or after the practical exam; however, proof of passing a written exam must be submitted to the Board before a license can be issued. The Official Score Report is not necessary; a copy of the notification issued the day of the exam is acceptable.

## Application Process

### Fees

All applications must include payment of the \$50 *non-refundable* application fee. Applicants applying to take the practical exam must also include payment of the \$150 practical exam fee. Applicants applying for licensure by credentialing review must provide the \$250 non-refundable credentialing review fee, in addition to both the \$50 application fee and the \$150 practical exam fee.

|  | Application Fee<br><b>\$50</b> | Practical Exam Fee<br><b>\$150</b> | Credentialing Review Fee<br><b>\$250</b> |
|--|--------------------------------|------------------------------------|--|
| <i>Applying for...</i>                   |                                |                                    |  |
| Application Review/<br>State Endorsement | ✓                              |                                    |  |
| Practical Exam/<br>Health Endorsement    | ✓                              | ✓                                  |  |
| Credentialing Review                     | ✓                              | ✓                                  | ✓  |

Fees may be paid by credit card, cashier's check, money order, or personal check and should be included with the application. **Applications submitted without the application fee will not be processed.** If the practical examination fee is not submitted, scheduling of the exam will be delayed.

### ***Applicants who require accommodations under ADA (Americans with Disabilities Act)***

The Oregon Board of Massage Therapists complies with the Americans with Disabilities Act of 1990 (ADA). The Board will accommodate qualified applicants who have a diagnosed disability if their request for accommodation is reasonable, if their disability is properly documented, and if the accommodation does not fundamentally change the exam or jeopardize security.

To request ADA accommodations, applicants must submit their request to the Board *in writing* and must include a recent professional diagnosis that explains the nature of the disability. This documentation must be provided before an applicant will be scheduled to take the Oregon practical exam. For additional information, or assistance with applying for ADA accommodations, please contact the Board office.

### ***Arrest Record/Sanctions***

Applicants must declare on the application whether they have **ever** been arrested for or convicted of a crime, excluding minor traffic violations, or if they have been sanctioned by any other licensing agency in any state or jurisdiction. This must be reported even if dismissed by diversion or charges were dropped.

Applicants who have been arrested or sanctioned must provide:

- copies of the any police reports,
- a copy of the judgment,
- a copy of the settlement of the judgment and/or the final order, and
- a written summary, *in the applicant's own words*, of each event – including a description of the event, what led up to the event, what they learned, and what they are doing to prevent further similar events.

See Instructions for Completing the Application Form, Section 7 for more information. An arrest record and/or conviction **will not** result in an automatic denial of licensure. Making a false statement on the license application may cause denial licensure.

## **Transcripts**

Applicants must provide official transcripts in sealed envelopes from any pertinent schools attended. Transcripts must be reported in clock hours, **or a credit hour to clock hour conversion explanation from the school must be included.** Applicants who attended schools/programs not certified by the Oregon Board of Massage must also provide detailed course descriptions.

If a program or institution is no longer in business, the Board will accept a notarized copy of a certificate of completion, transcript, or diploma that indicates both subject matter and hours. Unofficial documentation must be accompanied by a letter from the Department of Education or accrediting body that verifies the school closure date. The Board may require additional information to verify the authenticity of such documents.

## **Other Documents**

**All applications** must also include:

- a photograph no larger than 2" X 2" (passport-sized) taken within the last 12 months,
- a copy of a current CPR certification card (front and back), and
- a copy of a valid government-issued picture ID, such as a driver's license, passport, or military ID.

*Health and State Endorsement applicants must include:*

- a copy of their current license, and
- a license verification form completed by the issuing licensing agency.

*Credentialing review applicants must include:*

- the Credentialing Review Addendum,
- payment of the additional \$250 credentialing review fee,
- certificates of continuing education (contact hours), and
- the work experience verification sheet, if applicable.

## **Massage and Bodywork Demonstration Choice**

Applicants must choose the modality they prefer to demonstrate during the practical exam. If no modality is chosen, Swedish massage will be assigned. Because the Board is unable to provide an all-inclusive list of modalities, applicants must choose from the following:

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

***DISCLAIMER: The Board recognizes there are specialties that fall within the scope of practice of massage therapists in Oregon that are not listed. For the exam and licensing process, the Board may include a modality in a similar "family" of practice. Applicants may also petition the Board for acceptance of a modality that is not listed.***

***\*\*NOTE: Modalities demonstrated in the practical exam must include hands-on application. Energetic modalities that use no touch or static touch are not acceptable.***

## **Notification**

When an application is approved, the applicant is scheduled for the next available exam date and time. Notification is mailed to the candidate at least 14 days prior to the scheduled exam time.

Applicants may request to be placed on a cancellation list by completing the cancellation form and including it with their application. If an earlier exam 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 weekly, Mondays 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 appointment 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.

### ***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.

## The Day of the Exam

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

Tibialis posterior  
Transverse abdominus  
Trapezuis

Triceps brachii  
Vastus intermedius  
Vastus lateralis

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 Groesenbach

*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 10 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:

|  |                                      |   |
|--|--------------------------------------|---|
| 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                       | Tendinopathies  |
| Compartment Syndrome   | Low Back Pain                        | Tenosynovitis   |
| Congestive Heart Failure                                     | Lupus (autoimmune)                   | Thoracic Outlet Syndrome  |
| Contusions   | Lymphedema                           | Thrombophlebitis  |
| COPD (chronic bronchitis, emphysema)                         | Multiple Sclerosis                   | Torticollis / Spasmodic Torticollis (dystonia)                              |
| Crohn's Disease  | Myocardial Infarction (heart attack) | Traumatic Brain Injury  |
| Cruciate and Meniscal injuries                               | Myofascial Pain Syndrome             | Trigeminal Neuralgia  |
| Deep Vein Thrombosis   | Osteoarthritis                       | Varicose Veins  |
| Degenerative disc disease                                    | Osteoporosis                         | Whiplash  |
| Dermatitis/Eczema  | Parkinson's Disease                  | Wounds and burns  |
| Diabetes Mellitus  | Patellofemoral Syndrome              |   |
|  | Peripheral Neuropathy                |   |
|  | Piriformis Syndrome                  |   |
|  | Plantar 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 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 card and fee (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 a fingerprint card, with fee, and the results have been returned to the board office
- satisfied any other outstanding issues, if applicable.

## ***National Criminal Background Check Information***

As of January 1, 2012, the Board requires that all new candidates provide fingerprints for a national criminal background check **prior to issuance of a license**. Please follow the instructions below.

1. **Choose and contact a fingerprinting facility.** Some facilities require appointments. Fingerprinting services are available at most law enforcement agencies and can also be found under "Fingerprinting" in the phone book or online. Fingerprint facilities generally charge a fee for service.
2. **When your fingerprints have been placed on a fingerprint card (Federal Form FD 258),** fill in the following information in the appropriate boxes, using blue or black ink:
  - » Name (last, first, middle)
  - » Aliases, if any
  - » Date of birth
  - » Sex (M or F)
  - » Race
  - » Height (*labeled "Hgt."*)
  - » Weight (*labeled "Wgt."*)
  - » Eye color (*labeled "Eyes"*)
  - » Natural hair color (*labeled "Hair"*)
  - » Place of Birth
  - » Social Security Number
  - » Signature
3. Send a **non-folded fingerprint card in a sealed envelope** to the Oregon Board of Massage Therapists for processing, along with payment of the \$47.25 criminal background processing fee. Please make checks or cashier's checks out to the OBMT. This fee is non-refundable.

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

## 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.

**Completed applications must include the following:**

- Signed application form
- Appropriate fees
- Transcripts in a sealed envelope from each school
- Front-view photograph no larger than 2" X 2"
- Copy of a valid government issued photo ID, such as a passport, military ID or driver's license
- Copy of current CPR certification card (front and back)
- Copy of passing notice for an OBMT approved written exam, if already completed (see candidate handbook)
- List of educational information
- List of references
- License verification form from licensing agency, if applying for Endorsement
- Completed credentialing review addendum and additional \$250 fee, if applying for Credentialing Review

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# Oregon Board of Massage Therapists Licensure 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     | 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<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| Hair Color | Eye Color |   |

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).

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

Occupation(s) \_\_\_\_\_

Occupation(s) \_\_\_\_\_

## 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 <b>EVER</b> been required to register as a sex offender in this or any other state?  |  |
| 2. | Have you <b>EVER</b> been investigated, disciplined, or denied licensure by any governmental licensing agency?  |  |
| 3. | Have you <b>EVER</b> surrendered any professional license in any state, territory, or jurisdiction?   |  |
| 4. | Have you <b>EVER</b> 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?<br><br>* <b>STOP</b> : Major traffic violations, such as tickets received for driving under the influence of drugs or intoxicants (DUI, DUIL, DWI), <b>MUST BE REPORTED – even if you went through a diversion program.</b> |  |
| 5. | Have you <b>EVER</b> abused, or received treatment for abusing, alcohol or controlled/mind-altering substances?   |  |
| 6. | Have you <b>EVER</b> 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](http://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
- Credentialing Review fee (if applicable): \$250

### 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:** \_\_\_\_\_

Billing Address Street Number: \_\_\_\_\_

Zip Code: \_\_\_\_\_

(For example, for 748 Hawthorne Ave, you would enter "748" above)

### Complete and Return to:

OBMT 748 Hawthorne Ave NE, Salem, OR 97301

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

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# Oregon

**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)

## 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.

You will automatically be scheduled for the next available exam date and written notification of that date will be mailed. 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.

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## 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.



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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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