Oregon
Kate Brown, Governor

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

OBMT RENEWAL FORM

Renewal Fee: Active $155; Inactive $75

Due Date: ***The first day of the month of your expiration date***. Your renewal form must be postmarked no later than the 1st of your birth month NOT your actual birthday in order to avoid a late fee. If it is postmarked after the 1st the late fee schedule will apply.

LATE FEE SCHEDULE (if applicable)
If postmarked:

Week	Days past due:	Late Fee:
1	1st to 7th	$25
2	8th to 14th	$50
3	15th to 21st	$75
4+	22nd and above	$100

Continuing Education: Unless this is your first renewal you are required to submit a completed Continuing Education Form (see reverse). The total number of CE hours required is 25 and the minimum number of "contact hours" required is 15. At least 4 contact hours must be in Professional Ethics, Boundaries and/or Communication. The remaining 10 of 25 hours maybe contact or noncontact hours.

CPR: Effective for January 1, 2008 or later, you are required to maintain proof of current adult basic CPR as part of your Active renewal requirement. CPR may be claimed for continuing education. If taken in the presence of an instructor, the hours may be applied toward your "contact hours". Online courses are acceptable.

Inactive OR Inactive to Active Status: If you wish to change to Inactive status you need only submit the completed renewal form and pay the Inactive fee of $75. If you wish to reactivate your Inactive license you must submit the completed mid-cycle to active renewal form, pay a renewal fee of $105, and provide proof of continuing education hours from each renewal period that you were inactive up to a maximum of 50 CE hours, proof of current CPR, completed fingerprint card and the fingerprint processing fee of $40. Contact the office if you have questions.

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. (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.

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

Last Name: First Name: Middle Initial:

Nickname: Other Names:

Private Email Address:

Public 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)

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

Any *FALSE STATEMENT* knowingly made in this application is grounds for revocation or suspension of your license. If in doubt, disclose and explain rather than conceal. If you answer 'no' to question 4 based upon an "expungement", order "setting aside" or "sealing" of a record of a conviction or conditional discharge (diversion) you must personally verify with the court directly involved that the expungement, setting aside or sealing actually has taken place. An erroneous belief that a conviction has been expunged, set aside or sealed, when in fact it has not, will be deemed a false statement.

Please read each question **completely. You must answer each question "yes" or "no"**, whichever is true.

NOTE: If you are requesting inactive status, you are not required to respond to the below questions.

1.	Since your last active renewal are you required to register in this, or any other state as a sex offender?	
2.	Since your last active renewal have you been investigated, disciplined or denied licensure by this or **any** other governmental licensing agency?	
3.	Since your last active renewal have you surrendered **any** professional license in any State, territory or jurisdiction?	
4.	Since your last active renewal have you been arrested or convicted for: (a) any felony; (b) misdemeanor; or (c) any major traffic violation, such as: driving under the influence of intoxicants or drugs • **STOP**: Major traffic violations such as: Tickets for Driving under the influence of drugs or intoxicants **(even if you received diversion or if the case was dropped or dismissed); MUST BE REPORTED!**	
5.	Since your last active renewal have you abused or been treated for the abuse of alcohol, a controlled, or mind altering substance?	
6.	Since your last active renewal have you received any in-patient mental health care for a psychological, addiction, or chemical dependency issue that affected your ability to safely practice?	

If you answer "Yes" to any of the questions above 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, treating physician documentation, etc.

In completing this renewal application, I understand that any misrepresentation on my part or failure to fully disclose background information will be cause for disciplinary action by the Board, up to and including fines and license revocation.

I understand that if I fail to complete any portion of this renewal application, it will be deemed incomplete and reinstatement fees may accrue, which could include late fees and a fingerprint processing fee.

By my signature below, I am stating I have completed 25 hours of verifiable continuing education and have a valid CPR at the time of this renewal – or this is my first renewal and CE is not required. 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."

SIGN HERE FOR INACTIVE STATUS:

I certify that I have completed the workforce survey and that I am not advertising or providing professional services in Oregon and request inactive status.

Signature: _____

SIGN HERE FOR ACTIVE STATUS:

I certify that I have completed the workforce survey and that I am in compliance with all active status requirements.

Signature: _____

OBMT Continuing Education Form

"***Contact hours***" are in the physical presence of an instructor with other massage, bodywork or healthcare professionals. Examples: Attendance in a class, workshop, training or interactive distance learning course; Serve as a board/committee member, examiner or attend a board meeting.

"Non-Contact Hours": The method of obtaining noncontact hours maybe in the following categories: Research or publication related to massage and bodywork; Self-study based on media (ie. book/video, periodical, web based, DVD); or Teaching course or lectures on massage and bodywork.

Instructions:

- Fill in the title, location, date, type (contact or non-contact) and number of hours for each course completed.
- You will not be required to provide documentation unless you are selected for the CE Audit.
- A total of 25 continuing education hours must be reported.
- A minimum of 15 hours must be contact hours. At least 4 contact hours must be in Professional Ethics, Boundaries and/or Communication. The remaining 10 of 25 hours maybe contact or noncontact hours.

IF YOUR LICENSE IS CURRENTLY LAPSED OR YOU ARE RETURNING FROM INACTIVE STATUS, YOU ARE REQUIRED TO SUBMIT DOCUMENTATION OF CE HOURS, PROOF OF CURRENT CPR AND A COMPLETED ELECTRONIC FINGERPRINT AND PROCESSING FEE OF $40.00 PAYABLE TO OBMT.

(Example) – ABC Therapy, OneWorld Institute of Massage, 7/20/2015, 19 contact hours

(Example)– Understanding the Fundamentals of ABC Therapy, Online at www.abctherapy.org, 7/25/2015, 6 non-contact hours

Number of contact hours completed: _____

Total number of CE hours completed: _____

CPR Expiration Date: _____

PAYMENT INFORMATION

*****Please provide payment information below*****

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, please remove this section and shred

Check:
(Make payable to OBMT)

Check #: _____

Amount: $_____

Please circle option: **Visa / MasterCard**

Card #: _____ Exp Date: _____

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

Authorized Amount to Charge: $_____

Billing Address of Card: Street #: _____ Zip Code: _____

(Example: Write 728 for 728 Hawthorne Ave NE. Do not write the entire address.)

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