

**WEST VIRGINIA MASSAGE THERAPY LICENSURE BOARD
179 Summers Street, Suite 711
Charleston, WV 25301
(304) 558-1060
TOLL FREE IN WV 800-871-7265**

Dear Applicant:

Welcome to the WV Massage Therapy Licensure process. The Law requires that you are licensed to practice massage therapy after June 30, 1998. Please find the attached forms required for licensure.

Please fill out all forms completely, in legible INK print or typewritten form; NO pencil.

For new applicants: Please send the form #1 to your school to be completed. This form must include the School's seal for validation. For new applicants and lapsed licensees; submit proof of the successful completion of the National Certification Board of Therapeutic Massage and Bodywork (NCBTMB) examination or the newly approved Board examination, Massage Bodywork Licensing Exam (MBLEx).

For application using Reciprocity, please provide us with a copy of your current license from the State that you practice in along with copies of your current continuing education units (certificates) if licensed over two years and proof of the successful completion of the NCBTMB or MBLEx exam.

PLEASE KEEP A FILE AND COPIES OF EVERYTHING THAT YOU SEND TO US FOR YOUR RECORDS!!

You must publicly display your license where you perform massage therapy. If that is in more that one location, a cap can be ordered for a fee of \$25.00.

Please be aware that for renewal, RE-application or for new applicants who have been out of School over two years, you must follow continuing education guidelines from the National Certification Board for Therapeutic Massage and Bodywork (www.ncbtmb.com or 800-296-0664). Records of twenty-four (24) hours of C.E.U.'s must include the title of the class, (workshop etc.), the date, place, number of hours of instruction, sponsor and the person to call to verify attendance.

You must have at least three (3) C.E.U.'s in professional ethics every two years. Any applicant or licensed massage therapist may be audited every two years.

Your license will be due for renewal TWO YEARS from the end of the month that it was issued.

Schedule of fees:

Initial application fee (non refundable)	\$ 50.00
Two year license fee (initial or reciprocal)	\$ 300.00
Two year renewal fee	\$ 200.00
Duplicate or replacement license	\$ 25.00
Late fee (applies to late renewals)	\$ 50.00

If all information, documents & fees for licensure have been included in this application you can expect to receive your license in four weeks.

We are committed to expediting your application, so please be sure all documentation and fees are correct. You must send a personal check or money order, NO CASH or CREDIT CARDS. Make payable to the West Virginia Massage Therapy Licensure Board or WVMTLB.

Sincerely,

**Joan Wysong
Chairperson
WVMTLB
Enclosures**

Visit our website at www.wvmassage.org for additional information!

YOU MUST ANSWER ALL THE QUESTIONS (1-7) BELOW

Pursuant to WV CODE 48A-5A-5c AND THE BOARD'S DISCRETION EACH APPLICANT FOR LICENSE MUST ANSWER THE FOLLOWING QUESTION AND CERTIFY UNDER PENALTY OR FALSE SWEARING, THAT THESE ANSWERS ARE TRUE AND CORRECT.

1. Do you have a child support obligation? YES NO
2. If the answer to question 1, above is yes, are you in arrearage? YES NO
3. If the answer to question 2, above is yes, does your arrearage equal or exceed the amount of child support payable for six (6) months? YES NO
4. Are you the subject of a child support related subpoena or warrant? YES NO
5. Have you ever been charged or convicted of any criminal offense? YES NO
6. If answer to question 5, above is yes, give detail of offense, sentence, etc. I have attached a letter and further documents concerning, any and all, such offenses addressed to the Board and enclosed with the application. YES NO
7. Do you owe any arrearage to Worker's Compensation or Unemployment in a business you own or partially own? YES NO
(If you have one or more employees, you must contact Worker's Comp. & Unemployment.)

IF YOU MAKE A FALSE STATEMENT CONCERNING ANY QUESTION ON THIS APPLICATION, YOU MAY BE SUBJECT TO DISCIPLINARY ACTION INCLUDING, BUT NOT LIMITED TO, IMMEDIATE REVOCATION OR SUSPENSION OF YOUR LICENSE.

I _____ do hereby, certify, under penalty of perjury and false
(please print name)
Swearing, that the above questions are true and correct to the best of my knowledge.

Applicant's signature

IMPORTANT-RETURN WITHIN 30 DAYS

PLEASE PRINT OR TYPE

MAILING LIST RESPONSE FORM

NAME _____

MAILING ADDRESS _____

HOME PHONE NUMBER _____

WORK PHONE NUMBER _____

E-MAIL ADDRESS _____ (if applicable)

PLEASE MARK DESIRED RESPONSE BELOW

_____ YES, You may release the above information for any and all mailing list requests. (EX. CEU Providers, Newsletter mailing, etc.)

OR

_____ NO, I don't want the above information released.

***FAILURE TO RETURN THIS FORM WILL FORFEIT YOUR RIGHT TO DECIDE WHETHER YOUR NAME WILL BE RELEASED TO ANY AND ALL MAILING REQUESTS THAT THE BOARD RECEIVES.**

RETURN THIS FORM TO:
WVMTLB
179 Summers Street
Suite 711
Charleston, WV 25301

THIS COMPLETE CODE MUST BE POSTED AT YOUR LOCATION OF PRACTICE
CODE OF ETHICS FOR PROFESSIONAL MASSAGE THERAPIST

This Code of Ethics specifies professional standards that allow for the proper discharge of the massage therapist and/or bodyworker's responsibilities to those served. This protects the integrity of the profession and safeguards the interest of individual clients.

Those practitioners who are licensed will exercise professional accountability as to:

Have a sincere commitment to provide the highest quality of care to those that seek their professional services.

Represent their qualification honestly, including education and professional affiliations, and provide only those services which they are qualified to perform.

Accurately inform clients, or other health care practitioners, and the public of the scope and limitations of their discipline.

Acknowledge the limitations of and contraindications for massage and bodywork and refer clients to appropriate health professionals.

Provide treatment only where there is reasonable expectation that it will be advantageous to the client.

Consistently maintain and improve professional knowledge and competence, striving for professional excellence through regular assessment of personal and professional strengths and weaknesses and through continued education training.

Conduct their business and professional activities with honesty and integrity and respect the inherent worth of all persons.

Refuse to unjustly discriminate against clients or other ethical health professionals.

Safeguard the confidentiality of all client information, unless disclosure is required by law, court order, or absolute necessary for the protection of the public.

Respect the client's right to treatment with informed and voluntary consent. This consent may be oral or written.

Respect the client's right to refuse, modify, or terminate treatment regardless of prior consent given.

Provide draping and treatment in a way that ensures the safety, and comfort and privacy of the client.

Exercise the right to refuse to treat any person or part of the body for just and reasonable cause.

Refrain, under all circumstances, from initiating or engaging in any sexual conduct, sexual activities, or sexualizing behavior involving a client, even if the client attempts to sexualize the relationship.

Avoid any interest, activity or influence which might be in conflict with the practitioner's obligation to act in the best interest of the client or the profession.

Respect the client's boundaries with regard to privacy, disclosure, exposure, emotional expression, beliefs, and client's reasonable expectations or professional behavior. Practitioners will respect the client's autonomy.

Refuse any gifts or benefits which are intended to influence a referral, decision or treatment that are purely for personal gain and not for good of the client.

YOU MUST READ AND INDICATE THAT YOU ABIDE BY THIS CODE ON THE FRONT OF THIS
APPLICATION

KEEP THIS PAGE WITH ALL IMPORTANT DOCUMENTS
EACH MASSAGE THERAPIST MUST COMPLY WITH THE FOLLOWING RULES IN
ORDER TO BE COMPLIANT WITH CODE 30-37-8:

Maintain documentation of compliance with all state or local government regulations.

Massage Therapy shall be conducted only in rooms which are adequately lighted and ventilated, and which are kept clean. Restroom facilities must provide toilet with adequate toilet tissue available, a sink with hot and cold running water, soap and clean towels.

Reasonable effort for sanitation shall be maintained for temporary locations such as athletic events, or public service fund raisers in temporary venues.

All equipment and supplies used to perform massage service must be maintained in a safe and sanitary condition. Lotions, creams, and oils must be kept free of possible bacterial contamination.

All licenses shall wash their hands in hot, soapy water or other antibacterial substance before and after each massage therapy treatment.

All licensees shall launder, before reuse, all materials furnished for the personal use of this massage therapy client, such as towels, linens and any other draping materials.

Before proceeding with the massage of a client, each massage therapist shall have explained expected draping techniques and provide the client a clean drape or drapes for the purpose of covering the body in accordance with generally accepted standards of practice.

Certificate of Director, Secretary or Registrar of Massage School
(Must be completed by a representative of the School)

This is to certify that _____
(Name of Graduate)

has satisfactorily completed _____ hours of massage therapy education at
_____, located at
(Name of school)

(Street, City, ST, Zip Code of school)

and graduated on _____
(Day, month, year)

Signature of Representatives

Title

Phone / FAX / E-mail Address

Today's Date

Seal of School

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