

WEST VIRGINIA MASSAGE THERAPY LICENSURE BOARD  
179 SUMMERS STREET, SUITE 711  
CHARLESTON, WV 25301  
PHONE: 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. This letter will help you in fulfilling the requirements for that process. Enclosed are forms required for application for licensure as a massage therapist in West Virginia.

Please fill all forms out COMPLETELY, in legible PRINT or preferably TYPE WRITTEN FORM. Requirements for all types of licenses are given on enclosed page(s) for each type. Only ONE TYPE of application is to be submitted, please decide which one fits your particular needs. You MUST include ALL DOCUMENTATION in this mailing. You have thirty (30) days to return the application, documentation required and fees, failure to respond in this time will result in paying a late fee of \$50, which MUST be paid before processing can begin. No license will be issued until all fees are paid in full and all documentation is received.

KEEP PHOTOCOPIES OF EVERYTHING YOU SEND TO US FOR YOUR RECORDS.

If there is an error in your issued license, please photocopy your license and return the ORIGINAL to us with the desired corrections made ON the original. You MUST return the original or your request will be delayed until you do so. We will make corrections and issue a new license only when the original license has been returned.

You MUST publicly display your license where you perform massage therapy. If that is in more than one location, a photocopy is acceptable for display.

Please be aware that for renewal of your license in WV you must follow continuing education guidelines from the National Certification Board for Therapeutic Massage and Bodywork. Records of twenty-four (24) hours of CEU's must include title of the class, (workshop, etc.), the date, place, number of hours of instruction, instructor's name, sponsor and the person to call to verify attendance (sponsoring group or instructor) and other documentation if requested by the Board. MUST HAVE A COURSE IN ETHICS (at least three (3) CEU). Any applicant or licensed massage therapist may be audited every two (2) years.

SCHEDULE FEES: (all license fees non-refundable after issuance)

Initial application fee (Non-refundable)	50.00
Two year license fee (initial or reciprocal)	300.00
Two year license renewal fee	200.00
Duplicate or replacement license fee	25.00
Late fee	50.00
Certified statement of licensing fee	30.00
Roster fee of current licensed massage therapists	100.00
Failure to report change of address fee (in writing)	25.00
Failure to report change of name fee (in writing)	25.00
Photocopy per page fee (paid in time of request)	.50

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

We are committed to expediting your application, so please be sure all submitted documentation and fees

are correct. You must send **CERTIFIED CHECK, PERSONAL, BUSINESS CHECK(S) WILL BE ACCEPTED OR MONEY ORDER FOR ALL MONIES REQUIRED. (NO CASH)**

Payable to: WEST VIRGINIA MASSAGE THERAPY LICENSURE BOARD.

Sincerely,

Joan Wysong, Chair  
WV Massage Therapy Licensure Board  
Enclosures

**STATE OF WEST VIRGINIA  
MASSAGE THERAPY LICENSURE BOARD**

**RENEWAL APPLICATION  
FOR THE  
TWO YEAR MASSAGE THERAPY LICENSE**

**Please fill in this form completely and include proof of your continuing education credits. The renewal fee is \$200.00 - we accept money orders, cashier checks, Personal or business checks only. DO NOT SEND YOUR RENEWAL IN WITHOUT PROOF OF C.E.U.'S \*\*Your license expires on the expiration date on your license. LATE FEE APPLIES TO RENEWALS RECEIVED AFTER THE EXPIRATION DATE: \$50.00**

**Current CEU requirements for this renewal period is a total of twenty-four (24) hours with at least three (3) hours in Ethics.**

Make checks payable to: West Virginia Massage Therapy Licensure Board (WVMTLB) 179 Summers Street, Suite 711, Charleston, WV 25301. You can reach us at (304) 558-1060 or toll free in WV 800 871-7265 Monday through Friday, 9:00 am to 5:00 pm. The Board's web site is [www.wvmassage.org](http://www.wvmassage.org) .

CLEARLY PRINT OR TYPE THE FOLLOWING INFORMATION

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NAME AS YOU WANT IT TO APPEAR ON LICENSE

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PLEASE PROVIDE ANY OTHER NAMES YOU HAVE USED

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MAILING ADDRESS	STREET	CITY	COUNTY	ST	ZIP CODE
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SOCIAL SECURITY NUMBER	DATE OF BIRTH	TELEPHONE NUMBERS & BEST TIME TO REACH
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NAME OF BUSINESS WHERE YOU WORK, IF SELF-EMPLOYED, GIVE BUSINESS LICENSE NAME

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ADDRESS OF EMPLOYER

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FAX NUMBER PHONE NUMBER EMAIL ADDRESS IF APPLICABLE

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SIGNATURE OF APPLICANT

TODAYS DATE

**\*\*\*\*\*IF YOU CHOOSE NOT TO RENEW AT THIS TIME PLEASE SUBMIT A BRIEF EXPLANATION BY MAIL OR EMAIL SO THAT WE CAN PUT THIS INFORMATION IN YOUR FILE.**

**-OVER- PLEASE COMPLETE THE REVERSE SIDE**

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 QUESTIONS AND CERTIFY UNDER PENALTY OF 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 quest 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