



**Nevada State Board  
of Massage Therapists**

1755 E. Plumb Lane Suite 252  
Reno, NV 89502  
Phone (775) 688-1888  
Fax (775) 786-4264

**Email:** [nvmassagebd@state.nv.us](mailto:nvmassagebd@state.nv.us)  
**Website:** <http://massagetherapy.nv.gov>

**APPLICATION REQUEST FORM**

1. Choose one Application Status so the correct Application can be sent.

**Current Students Are Not Eligible For This Process**

Graduated From a Massage Therapy Program with a Minimum of 500 Hours and have passed or scheduled to take a National Exam.

Currently Licensed Outside of NV and have passed a National Exam

**Fingerprinting not applicable- proceed to step 3**

2. Choose one of the following fingerprinting processes so the correct forms can be sent.

Request Fingerprint Cards

Request Live Scan Application

**Allow four to six months to process fingerprint cards**

**Allow five to seven weeks to process Live Scan fingerprints.**

(Live Scan is not available in rural areas or outside of Nevada)

Fingerprint results are good for **SIX MONTHS ONLY**. As a reminder, you will be notified in writing to the address on file, of the expiration of your fingerprint results two months prior to the results expiring.

3. Read and Check the following:

Have your school mail your Transcripts and Certificate of Completion to our office at the above address.

Applications stay on file for one year from date received in office.

**TO RECEIVE AN APPLICATION PACKET:**

Complete the form below, print legibly.

Include a Cashiers' Check or Money Order for \$5.00. Personal checks are not accepted.

Include a copy of your Driver's License/State Identification **and** Social Security Card.

Include a copy of your current Massage License if Transferring from another jurisdiction.

Legal Name: \_\_\_\_\_ SS #: \_\_\_\_\_

Current Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Day Time Phone # \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

You will receive an Application Package in the mail within 7 to 10 business days.

The package will include the instructions specific to your Application with the Nevada State Board of Massage Therapists.

If you have any questions, email us at [nvmassagebd@state.nv.us](mailto:nvmassagebd@state.nv.us) or review the FAQ tab on our website at [www.massagetherapy.nv.gov](http://www.massagetherapy.nv.gov).

**FOR OFFICE USE ONLY**

Paid \$ \_\_\_\_\_ QB \_\_\_\_\_ Date Sent: \_\_\_\_\_ Tracking # \_\_\_\_\_