Nevada State Board of Massage Therapy
1755 E. Plumb Lane Suite 252
Reno, NV 89502
Phone (775) 687-9955
Fax (775) 786-4264
Email: nvmassagebd@lmt.nv.gov
Website: http://massagetherapy.nv.gov

Certified Statement from State Licensing Authority

TO BE COMPLETED BY LICENSING AUTHORITY ONLY
(Transferring from another Jurisdiction)

Dear Sirs,

The applicant listed herein has applied to the Nevada State Board of Massage Therapy for a license for Massage Therapy. In order to complete this application, we request that you complete the following and mail to the Nevada State Board of Massage Therapy at the address listed above. Your assistance in this matter is greatly appreciated.

Elisabeth Barnard, Executive Director,
Nevada State Board of Massage Therapy

Applicant Name: _____License Number: _____

To be completed by the State Licensing authority in the State(s) where you are currently or have been licensed:

License Information

Name: _____
Date of Birth: _____
Type of License: _____
License Number: _____
How Issued: _____
Original Licensure Date: _____
Expiration Date: _____
Status: _____

This certified statement issued by the licensing authority in each state/territory or possession of the United States or the District of Columbia in which the applicant is or has been licensed to practice massage therapy during the immediately preceding 10 years verifying that:

The applicant ☐ **has/**☐ **has not** been involved in any disciplinary action relating to their license; and_disciplinary proceedings relating to this license to practice massage therapy ☐ **are/**☐ **are not** pending.

Case Number: _____ Jurisdiction: _____

Date: _____

Name of licensing agency/jurisdiction: _____

Address: _____ State, Zip: _____

Signature: _____ Date: _____

Title: _____

Print agent's name: _____ (Official Stamp)