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

PAPER APPLICATION REQUEST FORM

☐ Structural Integration Practitioner ☐ Massage Therapist ☐ Reflexologist

1. Minimum Requirements

☐ Graduated from a program of Massage Therapy, Reflexology or Structural Integration
☐ Have passed or scheduled to take a National Exam – MBLEX, NCETM, NCETMB, CESI, ITEC, ARCB, IIR or NCBTMB-R

2. Currently Licensed in Another State or Jurisdiction: ☐ **Yes** ☐ **No**

☐ Contact **all** states you have been licensed in and request a verification of licensure to be sent to Nevada. (Current and/or Expired Licenses)

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

☐ Request Fingerprint Cards
Allow six to eight weeks to process fingerprint cards

☐ Request Live Scan Fingerprinting Voucher
Allow up to four weeks to process Live Scan fingerprints.
(Live Scan is ONLY available in Las Vegas and Reno Areas)

4. Read and Check the following:

☐ Have your school mail your official transcripts and certificate of completion to our office.
☐ Please contact your testing agency and request to have your Official Score Report sent to Nevada.
☐ Applications stay on file for one year from date this Application Request form is received in office.
☐ Fingerprint results expire 6 months after they are received from Department of Public Safety.

5. TO RECEIVE A PAPER APPLICATION PACKET:

☐ Complete the form below, print legibly.
☐ Include a copy of your Driver's License/State Identification **and** Social Security Card.
☐ Include a copy of your current Massage, Reflexology or Structural Integration License if licensed in another state/jurisdiction
☐ Include a Cashiers' Check or Money Order for $510.00. Personal Checks will not be accepted
☐ **All fees are non-refundable**

Legal Name: _____ SS #: _____

Previous Names: _____

Current Mailing Address _____

_____

Day Time Phone # _____

Place of Birth: _____ Date of Birth: _____

Email Address: _____

You will receive an application packet in the mail within **10 to 15 business** days.
If you have any questions, email us at nvmassagebd@lmt.nv.gov