GEORGIA BOARD OF MASSAGE THERAPY
237 COLISEUM DRIVE
MACON, GEORGIA 31217-3858
(478) 207-2440

VERIFICATION OF LICENSURE FOR OUT OF STATE APPLICANTS

APPLICANT: Complete Part I and submit the entire form to all states where you have held a license. Please note that you must contact the state(s) in advance to determine if there are any fees associated with the completion of this form. Remit the necessary payment to that state along with this form.

PART I

I, _____, do hereby authorize the

_____ BOARD OF MASSAGE THERAPY to furnish the requested

information to the Georgia Board of Massage Therapy.

_____	_____	_____
DATE	**SIGNATURE**	**LICENSE NUMBER**

~~APPLICANT—DO NOT WRITE BELOW THIS LINE—FOR LICENSING AGENCY USE ONLY~~

LICENSING AGENCY USE ONLY: The above named applicant has requested licensure with the Georgia Board of Massage Therapy. To meet the current statutory requirements, the Board is requests verification of the applicant's licensure status within your state. Please submit the completed form to the above address.

PART II

NAME: _____

NAME OF MASSAGE THERAPY SCHOOL: _____

YEAR GRADUATED: _____

LICENSE NUMBER ISSUED: _____

LICENSE ISSUE DATE: _____ **LICENSE EXPIRATION DATE:** _____

LICENSED BY: EXAMINATION _____ **ENDORSEMENT** _____ **GRANDFATHER CLAUSE** _____

LICENSE STATUS: ACTIVE _____ **EXPIRED/LAPSED**_____ **INACTIVE** _____

IS THE LICENSE IN GOOD STANDING? YES_____ **NO**_____

HAS THE LICENSE EVER BEEN DISCIPLINED, REVOKED OR SUSPENDED? YES_____ **NO**_____

IS THERE ANY DEROGATORY INFORMATION OR CURRENT INVESTIGATION? YES_____ **NO**_____

REMARKS: _____

_____

_____

(Please attach a certified copy of any public sanctions.)

(Board Seal)

SIGNATURE: _____

TITLE: _____

BOARD ADDRESS: _____

_____

_____

DATE: _____