**PLEASE SEPARATE THIS FORM, GIVE TO YOUR MOST RECENT EMPLOYER TO COMPLETE, AND RETURN THE COMPLETED, SIGNED AND NOTARIZED FORM TO THE BOARD:**

**GEORGIA BOARD OF MASSAGE THERAPY**
**3920 Arkwright Rd., Suite 195, Macon, GA 31210**

# VERIFICATION OF EMPLOYMENT

Instructions:

1. Applicant: complete Section I and sign.
2. Submit this form to your most recent **employer (Personnel Director, Human Resources Department)** who can provide verification of your practice as a massage therapist.
3. If you are self-employed, complete the Verification of Employment form yourself, indicate self-employed, and sign it.
4. Return the completed, signed and notarized form to the Board.

## Section I (To be completed by applicant)

Printed Name of Applicant: _____
**Last** **First** **Middle** **Maiden**

Applicants Address: _____
**Street** **City** **State** **Zip Code**

**RELEASE:** I do hereby consent to and authorize the release of any and all records and information concerning my employment as a Massage Therapist to the Georgia Board of Massage Therapy. I understand this information is required as part of the application for licensure process

_____ _____
Signature of Applicant: Applicant Phone Number(s):

_____ _____

## APPLICANT – DO NOT WRITE BELOW THIS LINE

**(If self-employed, complete this section for your business)**

## Section II (To be completed by person verifying employment)

Instructions:
1. Complete Section II of this form. If self-employed, complete this section indicating your business name, address, etc….
2. Massage Therapy employment must have been for compensation.
3. **Return this form to the applicant to submit with their application for licensure.**

1. Name of Business: _____ Phone Number: _____

2. Physical Address of Location: _____
(City/State/Zip Code)

3. Applicant's Position/Title: _____ 4. Employment Dates: From: _____ To: _____

5. Physical Location of practice (mobile, contract, or same as above): _____

6. Printed name and title of person verifying employment: _____
(Name) (Title)

**Sworn to and subscribed before me this**

_____
**Signature of Employer/Person completing this form**

_____ **day of** _____**, 20**_____

_____ **(Notary Seal)**
**Notary Public Signature**

**My commission expires:** _____