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**OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING**  
**ADVISORY BOARD ON MASSAGE THERAPY**  
 2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107-2453  
 License Department 405.522.5961 • www.cosmo.ok.gov

J. KEVIN STITT  
 Governor  
 MALENA CURTSINGER  
 Executive Director

**APPLICATION FOR INDIVIDUAL MASSAGE THERAPIST LICENSE**  
**Affidavit Verifying Lawful Presence (Form 390) is part of this application and must be attached.**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

If applicable, indicate former or maiden name: \_\_\_\_\_

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ RESIDENCE ADDRESS REQUIRED BY LAW (§59-199.3-B-3). PO BOX IS ACCEPTABLE State \_\_\_\_\_ ZIP \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

If employed in an Oklahoma Cosmetology or Barbering Establishment, write name and address below:  
 \_\_\_\_\_

Have you ever been denied issuance of a license or, pursuant to disciplinary proceedings, have you ever been refused renewal of any license by any agency in Oklahoma or in any other state or country?  Yes  No *If Yes, attach explanation.*

Have you ever held a cosmetology, barber, manicurist, or facialist license in Oklahoma?  Yes  No *If Yes, give details (license types, dates, names licensed under)* \_\_\_\_\_

Are you receiving government assistance, or are you at 140% or less of poverty level?  Yes  No *If Yes, include documentation.*

Have you ever been convicted of a felony?  Yes  No *If Yes, submit a certified copy of the record of the Court with this application.*  
 A felony conviction will not necessarily disqualify you from obtaining a license.

**FEE: Submit cashiers check or money order payable to OSBCB. PERSONAL CHECKS ARE NOT ACCEPTED.**

<input type="checkbox"/> Message Therapist - \$100	<input type="checkbox"/> Reciprocity Massage Therapist- \$115
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Attach 2x2 Photo Here  
 Tape, Do Not Staple  
 Photo must be newer than 1 year

Date of Photo:  
 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- Application must be accompanied by the following:
- Affidavit Verifying Lawful Presence (Form 398 or 399)
    - Applicants that are **NOT** U.S. citizens must submit a copy of the front **AND** back of their Permanent Resident card with Form 399
  - Birth certificate, driver's license, or other government-issued identification that shows that the applicant is at least eighteen (18) years of age
  - Proof of maintenance of current professional liability insurance for the practice of Massage Therapy (copy of policy acceptable)
  - Certificate or transcript of completion from a state-licensed massage school with at least five hundred (500) hours of formal education in massage therapy
  - Score report showing the applicant has passed the Massage and Bodywork Licensing Examination (MBLEx) or the National Certification Board for Therapeutic Massage & Bodywork (NCBTMB)
  - Current criminal history background report obtained from the Oklahoma State Bureau of Investigation (OSBI) that is dated within thirty (30) days from the date of application, must include name based, sex offender, and Mary Rippy Violent Offender searches
  - Full Face Photo taken within the last year, approximately 2" X 2"

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**ADDITIONAL REQUIREMENTS FOR RECIPROCITY**

If certificate or transcript is from a school outside of Oklahoma, applicant must select the Reciprocity option. If licensed in another state, applicant must submit a certification/affidavit of records from the State Board or appropriate licensing agency where a license has been held. This is a legal document furnished by the State Board with licensing history, number of hours completed, and will include appropriate state seal and official signature. Copies of current state license are not acceptable. Certification must be attached to the application in a sealed envelope or already on file with the Oklahoma State Board of Cosmetology and Barbering Board.

In what state(s) are you currently licensed? \_\_\_\_\_ License Number(s) \_\_\_\_\_

**APPLICANT MUST COMPLETE ONE (1) OF THE STATEMENTS BELOW**

If applicant has **NOT** pled guilty, nolo contendere, or been convicted of any of the offenses listed below, complete Statement A. If applicant **HAS** pled guilty, nolo contendere, or been convicted of any of the offenses listed below, complete Statement B. A guilty plea or conviction does not necessarily disqualify the applicant from obtaining the license. If you have been convicted of a felony, you must submit a certified copy of the record of the Court with this application.

Statement A

I, \_\_\_\_\_, state, under penalty of perjury, that I have **NOT** pled guilty, nolo contendere, or been convicted of a felony in any jurisdiction; that I have not pled guilty, nolo contendere, or been convicted of a misdemeanor involving moral turpitude in any jurisdiction; or that I have not pled guilty, nolo contendere, or been convicted of a violation of Federal or State controlled dangerous substance laws in any jurisdiction.

Statement B

I, \_\_\_\_\_, state, under penalty of perjury, that I **HAVE** pled guilty, nolo contendere, or been convicted of one or more of the following: a felony in any jurisdiction; a misdemeanor involving moral turpitude in any jurisdiction; or a violation of Federal or State controlled dangerous substance laws in any jurisdiction. I understand that this statement does not necessarily disqualify me from obtaining this license.

***I solemnly swear that the foregoing statements are true and correct.***

**X** \_\_\_\_\_  
*Signature of Applicant*

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
State of \_\_\_\_\_ County of \_\_\_\_\_  
Commission # \_\_\_\_\_  
My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_

