Massage Therapy Program
Application for Military Spouse Initial Licensure Fee Waiver

Alabama Department of Public Health

For Department Use Only

_____ Date Received
_____ Approved By

Applicant Information

First Name _____ Last Name _____

Street Address _____

City _____ State Alabama Zip _____

Phone Number _____ Email Address _____

Social Security Number _____ - _____ - _____

Licensure Information

Original State of Licensure _____

License Number _____

Document Checklist

Marital Status (Required)

☐ Marriage Certificate

Service Member Eligibility (Attach ONE of the following)

☐ Service Member's Military Orders

☐ Service Member's DD214

☐ Service Members's NGB Form 22

Deceased Service Member (If applicable)

☐ Death Certificate

Signed _____ Date _____

Please email completed form and other applicable documentation to Massage.Therapy@adph.state.al.us

Alabama Department of Public Health
Massage Therapy Program
RSA Tower, 201 Monroe Street, Suite 1250
Montgomery, AL 36104
(334) 206-5373