# Massage Therapy Program
# Application for Massage Therapy School Licensure - Renewal

Alabama Department of Public Health

**For Department Use Only**

_____ Date Received
_____ Date Issued
_____ Receipt Number
_____ Approved By

## Applicant Information

First Name _____ Last Name _____

License Number _____

## Licensure Information

Name of School _____ License Number _____

Registered with the NCBTMB? (Required by Administrative Code, Section 532-X-5-.01) ☐ Yes ☐ No

## Instructor Information

| Instructor Name | Credentials, LMT License Numbers, and Instructor Numbers |
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## Checklist

**Please provide the following along with renewal application:**

- ☐ Current Curriculum - Must meet all requirements of Administrative Code, Chapter 432-X-5
- ☐ Proof of Professional and General Liability Insurance - Must be from an "A" rated or better insurance carrier for at least one million dollars ($1,000,000)
- ☐ Renewal Fee - $250

I hereby certify that the information contained in this form, as well as that included in any supporting documentation attached thereto, is true and correct, to the best of my knowledge and belief.

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**