State of Alabama
Department of Public Health

Self Report

Name _____
License Number _____
Date Submitted _____

Employment

Are you currently employed as a Licensed Massage Therapist? ☐ **Yes** ☐ **No**

Name of Employer(s)	MTE License #	Address	City, State, Zip	Phone Number	Supervisor	Monitor	Hours worked this month

Questionnaire

		Yes	No
1	Have you been counseled/written up or disciplined at work this month for any reason?		
2	Have you been terminated or allowed to resign in lieu of termination this month?		
3	Have you been arrested?		
4	Have you been convicted of a criminal charge?		
5	Have you tested positive on any drug screen conducted by an employer, court referral program, or other entity this month?		
6	Have you been admitted as a patient to any institution related to any substance abuse disorder?		
7	Have you been admitted as a patient to any institution in this state or elsewhere for treatment for any emotional or psychological disorder?		
8	Have you been notified of an investigation by another Board or government agency?		
9	Have you received disciplinary action on another professional licensure?		
10	Has there been any change in your insurance coverage?		
11	Are you documenting appointments for massage therapy prior to the appointment and getting your monitor to acknowledge in writing?		
12	Has any of the following changed: physical address, mailing address, email address, or phone number(s)? (You are required to immediately notify the Board of these changes If "Yes", provide information:		

13	Have you contracted for services, worked for a contract agency, or temporary employment agency?		
14	Have you worked in any position that requires you to enter the home of an individual client, provide any out-call service, on-site service, or house call service?		
15	Have you been self-employed in massage therapy of employed as faculty at a massage therapy program?		
16	Have you been employed in a supervisory role?		

If you answered "Yes" to any questions #1-14, use this space to explain:

Name (Print) _____

Signature _____

Date _____

Please email completed forms to Massage.Therapy@adph.state.al.us

Alabama Department of Public Health
Massage Therapy Program
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