State of Alabama
Department of Public Health

Supplemental Regulatory Questionnaire

First Name _____ **Middle Name** _____ **Last Name** _____

Date of Birth _____ /_____ /_____ **Social Security Number** _____ - _____ - _____

Please answer questions fully and truthfully. If the answer to any of these questions is "Yes", please provide a detailed explanation in the space provided.

Have you been arrested for, charged with, or convicted of a felony or any crime arising out of or connected with the practice of massage therapy?	☐ Yes	☐ No
Have you been presently adjudicated as mentally incompetent by a court of law in any state, territory, or country?	☐ Yes	☐ No
Are you presently using controlled substances or alcohol to such an extent as to pose a risk to the health, safety, or welfare of clients?	☐ Yes	☐ No
Have you had a license or registration in an state, territory, or jurisdiction of the United States revoked, suspended, or denied for any act which would constitute grounds for discipline or denial of a license in Alabama?	☐ Yes	☐ No

By submitting an application, you consent to having your criminal history record information sent to the Alabama Department of Public Health's Massage Therapy Program. Refusal to submit to a criminal history background check will result in denial of your application.

I hereby certify that the information contained in this application is true and correct, to the best of my knowledge and belief.

Signature _____ Date _____

Applicant must submit completed form in conjunction with online application. Signed forms may be scanned and uploaded within the application or emailed 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