



Alabama Massage Therapy Licensing Board
 Peggy Sellers Benson, MSN, RN, MSHA, NE-BC
 Executive Officer

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 Montgomery, AL 36104

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Mailing Address:
 P.O. Box 301011
 Montgomery, AL 36130-1011

SUPPLEMENTAL REGULATORY QUESTIONNAIRE

Applicant must submit completed form, in conjunction with online application.
 Signed forms may be scanned and uploaded within the application, or emailed
 to bmtlicensing@amtlb.alabama.gov.

Last _____ First _____ Middle _____

DOB: _____ SSN: _____

Instructions:

- Please answer the questions **fully and truthfully**.
- If the answer to any of these questions is “yes,” please provide a detailed explanation in the space provided.

YES	NO	STANDARD
		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?
		Have you been presently adjudicated as mentally incompetent by a court of law in any state, territory, or country?
		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?

		Have you had a license or registration in any 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?

By submitting an application, you consent to having your criminal history record information sent to the Alabama Massage Therapy Licensing Board. Refusal to submit to a criminal history background check will result in denial of your application.

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

Signature of Applicant: _____ **Date:** _____