



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

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P.O. Box 301011  
Montgomery, AL 36130-1011

## **Agreement to Supervise Practice Under Temporary Permit**

I understand that \_\_\_\_\_ (name of applicant) has applied for a  
Temporary Permit for Supervised Practice, which will occur at

\_\_\_\_\_  
(name and license number of establishment).

I am a licensed massage therapist in Alabama, and my license is active. I agree to supervise the  
practice of \_\_\_\_\_ (name of applicant) and to be and remain  
present at \_\_\_\_\_ (name of establishment) at all times when  
\_\_\_\_\_ (name of applicant) is practicing massage therapy.

Submitted this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Alabama Massage Therapist License Number

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Email address