



Alabama Massage Therapy Licensing Board
P.O. Box 301011
Montgomery, AL 36130-1011
334-230-3999
Toll free: 1-833-853-1260
Fax: 1-334-353-9939

Self Report

Name:
License Number:
Date Submitted:

EMPLOYMENT

Are you Currently Employed as an LMT? Yes No

Name of Employer(s)	MTE license#	Address	City, State, & Zip	Phone No.	Supervisor	Monitor	Hours worked this month

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

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13. Have you contracted for services, worked for a contract agency, or temporary employment agency?

Yes

No

14. Have you work 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?

Yes

No

15. Have you been self-employed in massage therapy or employed as faculty at a massage therapy program?

Yes

No

16. Have you been employed in a supervisory role?

Yes

No

If you answered yes to questions 1-14, use this space to explain.

Print Name:

Signature:

Date:

Please email completed forms to monitoring@amtlb.alabama.gov