



**Alabama Massage Therapy Licensing Board**

RSA Plaza, Suite 250  
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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](mailto: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:** \_\_\_\_\_