

**STATE OF FLORIDA
BOARD OF MASSAGE THERAPY**

**APPLICATION FOR COLON HYDROTHERAPY UPGRADE
TO MASSAGE THERAPIST LICENSE
WITH INSTRUCTIONS**



**Board of Massage Therapy
4052 Bald Cypress Way, Bin # C-06
Tallahassee, FL 32399-3256
(850) 488-0595**

TABLE OF CONTENTS

Section I:	General Information/Instructions
Section II:	Application
Section III:	Criminal Conviction Form/Instructions

u u u u u u u u u u **ATTENTION** u u u u u u u u u u

- Please retain the application instructions for your records. Do not send them to the Board Office with your application.
- Make a copy of everything you send to the Board Office including the application. You may need to reference it during the application process.
- Read all instructions thoroughly before completing the application. Most questions will be answered by reading the enclosed instructions, application, and supplemental documentation forms.
- Failure to send in required documents may result in the delay of your application processing.
- Mail the completed ORIGINAL application and cashier's check or money order to the department at the address noted in the instructions.

**SECTION I:
GENERAL INFORMATION / INSTRUCTIONS**

APPLICATIONS SENT TO THE BOARD FOR REVIEW

Certain applicant's files may need to be reviewed by the Board before a determination of licensure can be made. An application may be reviewed for a variety of reasons, such as (but not limited to):

- Criminal Convictions
- Previous Discipline
- Previous appearance before a licensing board or regulatory agency
- Drug/alcohol addiction/impairment
- Discrepancies in application information/materials
- Participation in an impaired practitioner program
- Other reasons as deemed necessary by the Board

The scenarios listed above are not automatically referred to the Board. The Board, not office staff, determines the necessity of a review. An applicant's file may be sent to the Board for review. If so, you will be notified in writing of the date, time and place of the meeting.

Board meeting dates are posted on the Board's website located at http://www.doh.state.fl.us/mqa/massage/ma_meeting.html. The deadline for submission of items to the Board is five (5) weeks prior to the date of the meeting

It is very important that you understand the importance of these deadlines. Please refrain from making any commitments or accepting positions to practice massage therapy in Florida, as exceptions and/or special accommodations cannot be made.

APPLICATION FEES:

Make cashiers check or money order payable to the Department of Health

\$50 non-refundable application fee

GENERAL INFORMATION

The original application and any documents you wish to include with the application, accompanied by the applicable fee should be addressed to the following:

**Department of Health
Payment Management
P.O. Box 6330
Tallahassee, FL 32314**

Use of the above address will ensure receipt of the application and fee(s).

Any additional documentation (not included with the application), sent either by the applicant or by any other source on your behalf, should be mailed to the following address:

**Board of Massage Therapy
4052 Bald Cypress Way, BIN #C-06
Tallahassee, FL 32399-3256**

REQUIRED DOCUMENTATION

No application will be considered complete until the following supporting documentation has been received in the Board office:

Application - A completed application, with all questions answered.

Transcripts - An official transcript mailed directly from a Florida Board approved Massage Therapy School that is approved to offer colon hydrotherapy training or completion of a Board Approved Apprenticeship program.

Exam – Once the Board has determined you are eligible for licensure you will be sent a letter and an application for the NBCHT exam. The application and fees must be sent directly to the testing vendor.

Criminal History documentation – If you answered yes to any of the criminal history questions on the application you will need to send in the following:

- Self-explanation: A brief, legible explanation of the events and what you are doing to insure they do not occur again
- Arrest Documentation: Must include the arrest date, arrest charge and court sentencing. This may be obtained from the clerk of court in the county the offense occurred.
- Final Disposition: Including proof of successful completion of sentencing, if applicable. This may be obtained from the clerk of court in the county the offense occurred. You must submit this document for each offense
- Letters of Recommendation: 3-5 professional letters of recommendation.

Health History Documentation: If you answered yes to any of the health history questions on the application you will need to send in the following:

- Self-explanation as described above in the criminal history section
- Letter from your physician(s) or other health care worker stating your current status and ability to practice massage therapy

Regarding Prior Criminal History and Disciplinary Actions

The Florida Board of Massage Therapy receives numerous questions from applicants regarding prior criminal offenses. The following are the most frequently asked questions:

Question: How long will it take to process my application?

Answer: Our goal is to process non-problematic applications within 21 days of our office receiving the application. However, because you have a criminal history it may take a bit longer to review your application. We will mail a letter to you within 30 days of us receiving your application.

Question: What crimes or license discipline must be reported on the application?

Answer: All convictions, adjudication withholds, guilty pleas and nolo contendere pleas must be reported, except for minor traffic violations not related to the use of drugs or alcohol. This includes all misdemeanors and felonies, "driving while intoxicated (DWI)" and "driving under the influence "(DUI)." Crimes must be reported even if sentence is suspended. All prior or current disciplinary action against another professional license must be reported, whether it occurred in Florida or in another state or territory.

Question: Can a person obtain a license if they have a misdemeanor or felony crime on their record?

Answer: Each application is evaluated on a case-by-case basis. The Board of Massage therapy considers the nature, severity, and recency of offenses, rehabilitation and other factors. The Board cannot make a determination for approval or denial of licensure without evaluating the entire application and supporting documentation.

Question: Do I have to report charges if I completed a period of probation and the charges were closed?

Answer: Yes. Offenses must be reported to the Board even if you received a suspended sentence and the record is now considered closed.

Question: Do I have to report charges if I completed a period of probation and the charges were dismissed?

Answer: No, if the charges were dismissed, nolle prossed, or dropped the offense does not have to be reported. Adjudication withheld is considered the same as a conviction for the purposes of licensure.

Applicants with previous arrest or disciplinary action on a license will not be authorized to practice massage therapy until all documentation is cleared by staff or reviewed by the Board.

APPLICATION FOR COLON HYDROTHERAPY UPGRADE TO MASSAGE THERAPY LICENSE
APPLICATIONS ARE PROCESSED IN DATE ORDER RECEIVED. PLEASE TYPE OR PRINT IN BLUE OR BLACK INK

DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE
FLORIDA BOARD OF MASSAGE THERAPY

Post Office Box 6330
Tallahassee, FL 32314
(850) 488-0595

www.FLHealthSource.com

FAILURE TO SUBMIT FEES, TO COMPLETE THIS APPLICATION, OR TO ATTACH ANY REQUIRED DOCUMENTATION WILL RESULT IN AN INCOMPLETE APPLICATION. YOUR APPLICATION WILL NOT BE CONSIDERED FOR EXAM APPROVAL UNTIL IT IS COMPLETE. (SEE INSTRUCTIONS)

\$50.00 Payable by cashier's check or money order made out to the Department of Health

1. PERSONAL INFORMATION

NAME: Last/Surname _____ First _____ Middle _____

DATE OF BIRTH (M/D/Y) _____

MAILING ADDRESS: _____ Apt. No. _____

City _____ State _____ Zip _____ Country _____

PHYSICAL LOCATION: _____ Apt. No. _____

Same as mailing address

City _____ State _____ Zip _____ Country _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

MESSAGE THERAPIST LICENSE NUMBER: _____

E-Mail Address: _____

EQUAL OPPORTUNITY DATA:

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 CFR38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

SEX: Male Female RACE: White Black Asian/Pacific Islander Hispanic Other _____

NAME _____

2. COLON HYDROTHERAPY EDUCATION HISTORY

A. SCHOOL ATTENDED: _____

Address _____

City _____ State _____ Zip _____ Country _____

B. Date Completed _____

3. APPLICANT BACKGROUND Attach additional sheets, if necessary

A. List any other name(s) by which you have been known in the past.

B. What name(s) did you use when you received your massage therapy education?

C. What name did you use when you were first licensed? (If you have ever been licensed before:

4. DISCIPLINARY HISTORY Attach additional sheets, if necessary

If you answer YES, you are required to send a letter in your own words describing in detail the circumstances surrounding any disciplinary history and request the licensing state send directly to the board office all official disciplinary documentation. **Your application will not be considered complete until these records are received.**

A. Yes No Have you ever been denied or is there now any proceeding to deny your application for any healthcare license to practice in Florida or any other state, jurisdiction or country?

B. Yes No Have you ever had disciplinary action taken against your license to practice any healthcare related profession by the licensing authority in Florida or in any other state, jurisdiction or country?

C. Yes No Have you ever surrendered a license to practice any healthcare related profession in Florida or in any other state, jurisdiction or country while any such disciplinary charges were pending against you?

D. Yes No Do you have any disciplinary action pending against your license?

5. CRIMINAL HISTORY (Review Questions & Answers section in instructions)

A. Yes No Have you **EVER** been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld. **Driving under the influence (DUI) or driving while impaired (DWI) is not a minor traffic offense for purposes of this question.**

B. Yes No Have charges ever been brought against you by any branch of the United States Armed Services

NAME _____

6. Pursuant to Section 456.0635 (2), Florida Statutes, the following questions are being asked. If you answer "Yes" to any of the following questions, explain on a separate sheet providing accurate details and submit copies of supporting documentation.

1. Yes No (a.) Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? (If you responded "no", skip to #2.)
- Yes No (b.) If "yes" to 1.a., have you successfully completed a drug court program for a felony offense that resulted in the plea being withdrawn or charges dismissed? (If "yes", please provide supporting documentation)
- Yes No (c.) If "yes" to 1.a., for felonies of the first or second degree, has it been more than 15 years before the date of application?
- Yes No (d.) If "yes" to 1.a., for felonies of the third degree, has it been more than 10 years before the date of application, except for felonies of the third degree under Section 893.13(6), Florida Statutes?
- Yes No (e.) If "yes" to 1.a., for felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years before the date of application?
2. Yes No (a.) Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?
- Yes No (b.) If "yes" to 2.a., has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?
3. Yes No (a.) Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 3b.)
- Yes No (b.) If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?
4. Yes No (a.) Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid Program? (If "No", do not answer 4b or 4c.)
- Yes No (b.) Have you been in good standing with a state Medicaid program for the most recent five years?
- Yes No (c.) Did the termination occur at least 20 years before the date of this application?
5. Yes No Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?

6. Yes No On or before July 1, 2009, were you enrolled in an educational or training program in the profession in which you are seeking licensure that was recognized by the Board of Massage Therapy or Department of Health? (If "yes", please provide official documentation verifying your enrollment status.)

If you answered YES, you are required to send a letter in your own words describing in detail the circumstances surrounding each offense; including dates, city and state, charges and final disposition. You must submit documentation from the Clerk of Courts in the jurisdiction (state/county) in which the offense occurred, including disposition/final results. **Your application will not be considered complete until these records are received.** If the records are no longer available, you must obtain a letter of their unavailability from the county Clerk of the Court.

7. ADDITIONAL INFORMATION

- Yes No **Availability for Disaster:** Will you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?

8. HEALTH HISTORY (Supporting documentation should be sent directly to the Board Office)

If you answer YES, you are required to send a letter explaining the medical condition(s) or occurrence(s) and current status; letter(s) from licensed professional summarizing diagnosis, treatment and prognosis; or any other official documentation as it relates to any "yes" answer. Documentation should be current within the last year.

- A. Yes No In the last five years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?
- B. Yes No In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?
- C. Yes No During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice massage therapy within the past five years?
- D. Yes No During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice massage therapy?
- E. Yes No In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years?
- F. Yes No During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice massage therapy within the past five years?

PLEASE COMPLETE THE ATTACHED PAGE

CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS
DISCLOSURE*

Florida Department of Health
Board of Massage Therapy

Name: _____
 Last First Middle

Social Security Number: _____

* This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCS § 666 (a)(13). For all professions regulated under Chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

NAME _____

I understand that it is my duty and responsibility as an applicant for licensure to supplement my application after it has been submitted if and when any material change in circumstances or conditions occur which might affect the Board's decision concerning my eligibility for examination or licensure. Such supplement is required by section 456.013(1), F.S. Failure to do so may result in disciplinary action by the Board including denial of licensure.

I have carefully read the questions in the foregoing application and have answered them completely, without reservation of any kind, and I declare that my answers and all statements made by me herein and in support of this application are true and correct. Should I furnish any false information on or in support of this application, I understand that such action shall constitute cause for denial, suspension, or revocation of any license to practice in the state of Florida in the profession for which I am applying. I hereby acknowledge that practice as a licensed Massage Therapist in Florida is governed by Chapters 456 and 480, F.S., and Rule Chapter 64B7, F.A.C. I understand that I am under a continuing obligation to understand and keep informed of any changes to Chapters 456 and 480, F.S., and Rule Chapter 64B7, F.A.C.

Applicant Signature: _____

Date Signed: _____

FLORIDA BOARD OF MASSAGE THERAPY LICENSE VERIFICATION REQUEST

PART I: TO BE COMPLETED BY APPLICANT

Send to all state(s) of licensure (not Florida). Make Copies as necessary.

Applicant Name: _____ SSN: _____

Address: _____

Name original license was issued under: _____

License Number: _____ State: _____

I hereby authorize release of any information regarding my licensure status to the Florida Board of Massage Therapy.

Applicant Signature: _____ Date: _____

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PART II: All verifications shall be completed in English and mailed or sent electronically directly from the state(s) or jurisdiction(s) and must include the following criteria:

- * Typed on an official state form or letterhead
- * Include an official Board seal
- * Signature and title of state Board official

The following information must be included in all verifications:

- * Licensee name
- * License number
- * State or jurisdiction of licensure
- * Dates of issuance/expiration
- * Licensure method; exam type or endorsement
- * Licensure status
- * Is license in good standing?
- * Has this license ever been encumbered (denied, revoked, suspended surrendered, limited, placed on probation)?

Complete Verifications must be mailed to or sent electronically directly from the official state licensure Board to:

**Florida Board of Massage Therapy
4052 Bald Cypress Way
Bin C06
Tallahassee, FL 32399-3256**

**Fax (850) 412-2681
MQA MassageTherapy@doh.state.fl.us**

