OKLAHOMA STATE BOARD OF COSMETOLOGY, BARBERING, AND MASSAGE THERAPISTS

2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107
License Department 405.522.7619 • Fax 405.521.2440
www.cosmo.ok.gov

MARY FALLIN
GOVERNOR

SHERRY G.LEWELLING
EXECUTIVE DIRECTOR

APPLICATION FOR INDIVIDUAL MASSAGE THERAPIST LICENSE

PLEASE PRINT NAME AND HOME ADDRESS IN THIS BOX

Include City, State and Zip Code

File #_____
(Office Use Only)

Senate Bill 687, requiring Massage Therapists to make application for licensure to the Board of Cosmetology, Barbering, and Massage Therapists, was signed into law by Governor Fallin and became effective August 25, 2016.

Social Security #: _____ Phone #: _____ Birth Date: _____

Have you ever been convicted of a felony, or a misdemeanor involving moral turpitude? ☐ Yes ☐ No
Having a conviction does not necessarily disqualify you from obtaining a license. If you have been convicted, you must submit a certified copy of the record of the court with this application.

If employed in an Establishment, write address below:

_____
Establishment Name | Address | City | State | ZIP Code

FEE - Submit Cashiers Check or Money Order for $25, made payable to 'OSBCB.' **PERSONAL CHECKS ARE NOT ACCEPTED.**

Application must be accompanied by documented proof of the following:
Proof of current maintenance of liability insurance for the practice of Massage Therapy; AND
One of the following:
- An affidavit of at least five (5) years of work experience in Oklahoma (Acceptable forms are available on the Board's website at www.cosmo.ok.gov); OR
- Certificate and transcript of completion from a massage school with at least five hundred (500) hours of education; OR
- Successful completion of a nationally recognized competency examination in the practice of Massage Therapy.

Application must be signed before a Notary Public or it will be returned to you!
I solemnly swear that the foregoing statements are true and correct to the best of my knowledge and belief.

(SEAL)

_____
Signature of Applicant

Subscribed and sworn before me this _____ day of _____ 20 _____

State of _____ County of _____

My commission expires _____ Notary Public _____

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NOTICE!
URGENT!
IMMEDIATE RESPONSE REQUIRED!

Effective November 1, 2007, Oklahoma law requires all natural persons fourteen (14) years of age or older applying for or renewing a license to verify his or her lawful presence in the United States by executing a sworn affidavit indicating that the person is either a U.S. citizen, U.S. national, legal permanent resident alien, or qualified alien. 56 O.S. Supp. 2007 § 71. You must complete and return either the Option 1 affidavit or the Option 2 affidavit, whichever is applicable.

The appropriate affidavit must be completed and returned within **thirty (30) days. LICENSE APPLICATION OR RENEWAL MAY BE DENIED, SUSPENDED OR REVOKED FOR FAILURE TO COMPLETE AND RETURN THIS AFFIDAVIT AS REQUIRED BY LAW.** Faxed copies are not acceptable.

INSTRUCTIONS FOR COMPLETION OF THE AFFIDAVIT FORM

1. If you are a U.S. citizen (by either birth or naturalization) or a U.S. national, you must complete the **Option 1 Affidavit**.

2. If you are a legal permanent resident alien, or otherwise qualified alien, you must submit the **Option 2 Affidavit**. You must also submit documents that support your qualified alien status, such as a front and back copy of your Permanent Resident Alien Card (green card) or a copy of your INS form I-94. The Board will review the completed form and may request additional information and status documentation as needed to comply with this law. **A new Option 2 Affidavit is required each year with your renewal.**

3. You must sign the affidavit in the presence of a notary public or other officer authorized by State law to notarize affidavits. The Board's office is staffed with notaries who are available to provide notary service at no cost to applicants. Office hours are 7:30 AM to 4:00 PM, Monday through Friday, excluding legal holidays. Proper ID is required to complete the notary. **The Board will not accept an affidavit that has not been properly notarized.**

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

OPTION 1 –VERIFICATION OF CITIZENSHIP

[PLEASE PRINT CLEARLY – ALL INFORMATION MUST BE COMPLETED AND YOUR SIGNATURE NOTARIZED]

Affidavit of

_____
[Applicant's Name – First, Middle, Last]

_____
[Social Security Number]

_____
[Date of Birth]

_____, of lawful age, being first duly sworn,
[Print Applicant's Name]

upon oath states, under penalty of perjury, as follows:

I AM A UNITED STATES CITIZEN.

_____
[Signature of Applicant]

Subscribed and sworn to or affirmed before me this ___ day of _____,
20 _____.

_____
Notary

Commission Number: _____
My Commission Expires: _____
State of: _____
County of: _____

S E A L

OPTION 2 – AFFIDAVIT VERIFYING QUALIFIED ALIEN STATUS

[PLEASE PRINT CLEARLY – ALL INFORMATION MUST BE COMPLETED AND YOUR SIGNATURE NOTARIZED]

Affidavit of

_____
Applicant's Name [First, Middle, Last]

_____
Alien Registration Number of Form I-94 Number

NOTE: Attach a legible copy of the front and back of the federal document that entitles you to work in the USA. We will accept a front and back copy of your resident alien (green) card.

_____
Social Security Number

_____
Date of Birth

_____
Nationality [Country or Origin]

_____, of lawful age, being first duly
[Applicant's Name]
sworn upon oath states, under penalty of perjury, as follows:

I am a qualified alien under the Immigration and Nationality Act, and I am lawfully present in the United States.

_____
[Signature of Applicant]

Subscribed and sworn to or affirmed before me this ____ day of _____, 20 _____.

_____
Notary

Commission Number: _____
My Commission Expires: _____
State of: _____
County of: _____

SEAL

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AFFIDAVIT OF MASSAGE THERAPY WORK EXPERIENCE IN OKLAHOMA
MASSAGE THERAPIST - EMPLOYED

Between August 25, 2016 and May 1, 2017, The Oklahoma State Board of Cosmetology and Barbering shall issue a license to practice massage therapy to any person who files a completed application, accompanied by the required fees, and who submits satisfactory evidence that the applicant has at least five (5) years of work experience in the State of Oklahoma. (Title 59 O.S. §42005 A2(b)) Proof of work experience must be documented on this affidavit by applicant's employer.

THE FOLLOWING AFFIDAVIT MUST BE COMPLETED BY ESTABLISMENT OWNER/EMPLOYER:

This is to certify that _____ was in **my employ** for a period of _____ years and

_____ months from _____ to _____
day/month/year day/month/year

in _____, _____, _____ at
City County State

_____.
Name and address of Establishment

This affidavit must be signed before a Notary Public

I solemnly swear that the foregoing statements are true and correct to the best of my knowledge and belief.

_____
Print Name of Employer

(SEAL)

_____
Signature of Employer

Subscribed and sworn before me this _____ day of _____ 20 _____

State of _____ County of _____

My commission expires _____ Notary Public _____

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AFFIDAVIT OF MASSAGE THERAPY WORK EXPERIENCE IN OKLAHOMA
PROOF OF SELF-EMPLOYMENT - OPTION 1

Between August 25, 2016 and May 1, 2017, The Oklahoma State Board of Cosmetology and Barbering shall issue a license to practice massage therapy to any person who files a completed application, accompanied by the required fees, and who submits satisfactory evidence that the applicant has at least five (5) years of work experience in the State of Oklahoma. (Title 59 O.S. §42005 A2(b))
A copy of applicant's tax returns which cover the same time period as specified in the sworn statement below (Option 1) **OR** by a sworn statement from your Banker or Accountant which states you owned and operated the above named shop during the specified time period (Option 2.) The attached State Board Affidavit is required for Banker or Accountant statement.

THE FOLLOWING AFFIDAVIT MUST BE COMPLETED BY ESTABLISHMENT OWNER APPLICANT:

This is to certify that I, _____ was **self-employed** for a period of _____ years and

_____ months from _____ to _____
day/month/year day/month/year

in _____, _____, _____ at
City County State

_____.
Name and address of Establishment

This affidavit must be signed before a Notary Public

I solemnly swear that the foregoing statements are true and correct to the best of my knowledge and belief.

_____
Print Name of Applicant

(SEAL)

_____
Signature of Applicant

Subscribed and sworn before me this _____ day of _____ 20 _____

State of _____ County of _____

My commission expires _____ Notary Public _____

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AFFIDAVIT OF MASSAGE THERAPY WORK EXPERIENCE IN OKLAHOMA
PROOF OF SELF-EMPLOYMENT - OPTION 2

The following affidavit must be completed by the salon owner, applicant's Banker or Accountant. It must be attached to additional affidavit completed by the applicant. Time periods sworn to in both forms must be the same.

This is to certify that _____ did own and operate _____
Name of Establishment

located at _____ for a period of _____ years
Address of Establishment

and _____ months, from _____ to _____.
Day/Month/Year Day/Month/Year

He/she has conducted business with this bank or accounting firm during the time period specified above.

Bank Account Number_____

This affidavit must be signed before a Notary Public

I solemnly swear that the foregoing statements are true and correct to the best of my knowledge and belief.

(SEAL)

_____	_____
Signature of Accountant	***Signature of Bank Official***
_____	_____
Print Name of Accountant	***Print Name of Bank Official***
_____	_____
Print Name of Accounting Firm	***Print Name of Bank***
_____	_____
Print Address of Accounting Firm	***Print Address of Bank***

Subscribed and sworn before me this _____ day of _____ 20 _____

State of _____ County of _____

My commission expires _____ Notary Public _____