AFFIDAVIT OF MASSAGE THERAPY WORK EXPERIENCE IN OKLAHOMA

MASSAGE THERAPIST - EMPLOYED

Between January 23, 2017 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.

________________________________________________
(SEAL)

Print Name of Employer

________________________________________________
Signature of Employer

Subscribed and sworn before me this ________ day of ______________________ 20 ______

State of ________ County of ______________________

My commission expires ______________________     Notary Public ______________________

OSCB 322T (1/17)
AFFIDAVIT OF MASSAGE THERAPY WORK EXPERIENCE IN OKLAHOMA

PROOF OF SELF-EMPLOYMENT

Between January 23, 2017 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))

The attached State Board Affidavit is required.

THE FOLLOWING AFFIDAVIT MUST BE COMPLETED BY 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 __________________________