



OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING
AND ADVISORY BOARD OF MASSAGE THERAPY

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

*Affidavit Verifying Lawful Presence in the United States is part of this application and must be attached.
For Use Beginning May 2, 2017*

PLEASE PRINT NAME AND HOME ADDRESS IN THIS BOX

Include City, State and Zip Code

File # _____
(Office Use Only)

*Senate Bill 687 requires Massage Therapists to make application for licensure.
Emergency Rules were signed into law by Governor Mary Fallin, providing for specific licensing procedures
and became effective January 23, 2017.*

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

If employed in an Establishment, write address below:

Establishment Name Address City State ZIP Code

FEE - Submit Cashiers Check or Money Order for \$50, made payable to 'OSBCB.' PERSONAL CHECKS ARE NOT ACCEPTED.

Application must be accompanied by the following:

- a. Satisfactory evidence in the form of a birth certificate, drivers license, or other government-issued identification that the applicant is at least eighteen (18) years of age (a copy of birth certificate or drivers license is acceptable);
- b. Proof of maintenance of current liability insurance for the practice of Massage Therapy (copy of current professional liability policy is acceptable);
- c. A certificate and transcript of completion from a state-licensed massage school with at least five hundred (500) hours of formal education in massage therapy;
- d. A certified copy of test scores showing the applicant has completed and passed the Massage and Bodywork Licensing Examination (MBLEx);
- e. A current criminal history information report obtained from the Oklahoma State Bureau of Investigation.*

*- A criminal history background information report shall be current if dated no more than thirty (30) days prior to the date on which the applicant submits a completed application to the Board. The OSBI criminal history background report shall include a search of the following Department of Corrections Databases:

- Name Based
- Sex Offender
- Violent Offender

All fees required for the criminal history background report shall be paid by the applicant.

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APPLICANT MUST MAKE ONE (1) OF THE STATEMENTS BELOW.

If Applicant has NOT pled guilty, nolo contendere, or been convicted of any of the offenses listed below, make Statement A. If Applicant HAS pled guilty, nolo contendere, or been convicted of any of the offenses listed below, make Statement B. A guilty plea or conviction does not necessarily disqualify the applicant from obtaining this license.

STATEMENT A

I, _____, state, under penalty of
(Name of Applicant)
perjury, that I have not pled guilty, nolo contendere, or been convicted of a felony in any jurisdiction; that I have not pled guilty, nolo contendere, or been convicted of a misdemeanor involving moral turpitude in any jurisdiction; or that I have not pled guilty, nolo contendere, or been convicted of a violation of Federal or State controlled dangerous substance laws in any jurisdiction.

STATEMENT B

I, _____, state, under penalty of
(Name of Applicant)
perjury, that I HAVE pled guilty, nolo contendere, or been convicted of one or more of the following: a felony in any jurisdiction; a misdemeanor involving moral turpitude in any jurisdiction; or a violation of Federal or State controlled dangerous substance laws in any jurisdiction. I understand that this statement does not necessarily disqualify me from obtaining this license.

I solemnly swear that the foregoing statements are true and correct.

(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: _____

SEAL

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