



2009

OREGON BOARD OF
MASSAGE THERAPISTS

CANDIDATE HANDBOOK &
APPLICATION

Revised 8/25/2009

Oregon Board of Massage Therapists

748 Hawthorne Ave. NE

Salem, OR 97301

Phone 503-365-8657 Fax 503-385-4465

www.oregon.gov/OBMT

The Board of Massage Therapists protects the public by regulating the practice of massage to balance the safety and interest of the public and the needs of the massage therapists and reflect the standards set within the massage profession.

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Licensure Requirements

License by Examination

To qualify to become a Licensed Massage Therapist in Oregon, an applicant must meet the educational requirements, pass the current Oregon practical exam, Oregon jurisprudence exam (laws), and pass a Board approved written exam. Applicants may take the written and practical exams in any order. All exams must be passed prior to becoming licensed.

Oregon requires a minimum of 500 hours of education which must be comprised of 200 hours of health sciences consisting of Anatomy & Physiology, Pathology and Kinesiology; and 300 hours of Massage Theory and Practical Application, Clinical Practice, Business Development, Communication, Ethics, Sanitation and Hydrotherapy. Applicants lacking any hours or subject matter must obtain that education before being approved for the Oregon Practical Exam.

License by State Endorsement

State Endorsement applications are reviewed on an individual basis. The Board may grant a license by State Endorsement without further examination to applicants who are currently licensed to practice massage in another state. The state's licensing requirements, including written and practical examination, must be equivalent to or exceed Oregon's. Verification from the licensing agency and a copy of the current license must be submitted with the application. The following is a list of the jurisdictions that **may** qualify for State Endorsement:

United States

- New Hampshire, if you passed the state-administered practical exam
- Washington State, if you passed the state-administered practical exam

Canada

- Newfoundland & Labrador
- Ontario
- British Columbia

License by Health Endorsement

The Board may grant a license by Health Endorsement, after successful completion of examinations, to applicants who currently hold an Oregon license in an approved health related field. The applicant must provide transcripts for 300 hours of Massage Theory and Practical Application, Clinical Practice, Business Development, Communication, Ethics, Sanitation and Hydrotherapy. A copy of the current license and verification from the licensing agency must be submitted with the application. The following is a list of the professions that qualify:

- | | |
|------|-------|
| • MD | • OT |
| • ND | • RN |
| • DC | • LPN |
| • PT | • LAC |

Assistants to these professions **DO NOT** qualify for Health Endorsement. (E.g. CCA, PTA, CNA)

Board Approved Written Examinations

The Board will accept one of the following approved written exams; the Massage & Bodywork Licensing Exam (MBLEx) administered by the Federation of State Massage Therapy Boards (FSMTB), **OR** either the Therapeutic Massage (TM) or the Therapeutic Massage and Bodywork (TMB) exams administered by the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB).

The MBLEx

There are two ways to apply for the MBLEx either by completing the form accompanying your Oregon Exam Application or online at <http://fsmtb.org>. If you have further questions, please contact the FSMTB at 866-9-MBEXAM (866-962-3926).

The NCBTMB

The National Certification Exam is administered by the National Certification Board for Therapeutic Massage and Bodywork. The NCBTMB can be contacted by phone at 800-296-0664 or through their Web Site at www.ncbtmb.org. Applications can be downloaded from the website. The OBMT does not require you to obtain or maintain National Certification for the purpose of licensure.

You may take the written before or after your practical exam; however, proof of passing the written exam must be submitted before a license can be issued. It is not necessary to send the Official Score Report. A copy of the passing notification issued the day of the exam is acceptable.

Application Process

Fees

All applications must include a \$50 non-refundable application fee. Applicants applying for the practical exam or by Health Endorsement should also include a \$150 practical exam fee. Fees may be paid by credit card, cashiers check, money order, or personal check and should be included with your application. Applications submitted without the application fee will not be processed. Failure to include the practical examination fee will result in a delay in approval and scheduling.

Applicants who require accommodations under ADA (Americans with Disabilities Act)

OBMT complies with the Americans With Disabilities Act of 1990 (ADA), and will accommodate requests from qualified applicants with a diagnosed disability if the request is reasonable and properly documented and does not fundamentally alter the exam or jeopardize exam security.

A request for ADA accommodations must be submitted to the Board in writing and include a recent diagnosis from a qualified professional explaining the nature of the disability. Documentation must be provided prior to being scheduled for the Oregon practical exam. For additional information or assistance with applying for ADA accommodations, please contact the Board office.

Arrest Record/Sanctions

An applicant must state on the application whether he/she has ever been arrested for or convicted of a crime excluding minor traffic violations, or if an applicant has been sanctioned by any other licensing agency in any state or jurisdiction. Those who have been arrested or sanctioned must provide a copy of the police report, a copy of the judgment, a copy of the settlement of the judgment and/or a copy of the final order. An applicant must also provide, in his or her own words, a written summary of each event which must include a description of the event, what led up to the event, what was learned from the event and what the applicant is doing to prevent further events. An arrest record and/or conviction does not automatically result in a denial of licensure.

Transcripts

Applicants must provide official transcripts in sealed envelopes from each school. Transcripts must be stated in clock hours **or a credit hour to clock hour conversion explanation from the school must be included.** Applicants from schools/programs not certified by the Oregon Board of Massage must also provide course descriptions or syllabi sufficient to determine equivalency.

If a program or institution is no longer in business, the Board will accept for review a copy of a certificate of completion, transcript or diploma indicating both subject matter and hours. Unofficial documentation must be accompanied by a letter of verification from the Department of Education or accrediting body indicating the school closure date. The Board may require additional information to verify the authenticity of such documents.

Other Documents

All applications must also include a passport photograph no larger than 2" X 2" that has been taken within the last 12 months, a copy of a current CPR certification card (must include both the front and back), and a copy of a valid government issued picture ID, such as a driver's license, passport or military ID..

Health and State Endorsement applicants must include a copy of their current license and a license verification form completed by the issuing licensing agency.

Massage & Bodywork Demonstration Choice

As part of the practical exam process, applicants must choose their preferred modality. They will demonstrate their competency in this modality during the exam. If no modality is chosen, Swedish massage will automatically be assigned. Because the Board is unable to provide an all-inclusive list of modalities for demonstration, applicants should choose from the following modalities:

Acupressure	Lomilomi	Reflexology	Structural Integration
Body Talk	Myofascial Release®	Rolfing®	Swedish
Bowen	Neuromuscular Therapy	Rosen Method®	Trager® Approach
Cranial Sacral Therapy	Polarity	Russian Massage	Trigger Point
Deep Tissue	Postural Integration®	Shiatsu	

DISCLAIMER: *The options provided above are not all-inclusive of modalities that fall within the definition of massage in Oregon. The Board recognizes that there are specialties not listed. For the purpose of the exam and licensing process, the Board may include a particular modality in a similar "family" of practice. Applicants may petition the Board for acceptance of a modality not listed.*

******The 10-minute demonstration of the exam must include hands-on application. Energetic modalities that traditionally use no touch or only static touch will not be acceptable for demonstration of a massage & bodywork session.***

Notification

Once an application is approved, the applicant will be scheduled for the next available exam date and time. Notification will be mailed to the candidate at least 14 days prior to the scheduled exam appointment. Applicants may request to be placed on a cancellation list by filling out the cancellation form and mailing it in with their application. If an earlier date becomes available, the applicant waives the right to 14-day written notice and will be contacted via telephone regarding their availability. Signing the cancellation form does not guarantee an early test date. Exams are held weekly on Tuesdays and Wednesdays but are subject to change. Requests for specific exam dates can be included with the application, and will be accommodated when possible. **Applications should not be submitted until the applicant is fully prepared to take the Practical Exam.**

The twenty-five question Law (Jurisprudence) Exam will be included with the exam appointment notification. This open book Law Exam can be completed at home and returned by mail, at the Practical Exam, or at the time of initial license. If the Law Exam is failed, it must be retaken and passed in order to be licensed.

Refund of Examination Fee

A refund of the examination fee may be granted upon written request should the applicant not qualify for the exam. Refunds may also be granted for individuals who have a documented and verifiable emergency and are unable to sit for the exam provided the written request and documents substantiating the emergency are received by the board at least 7 days prior to the scheduled exam appointment. The \$50 application fee is non-refundable.

Rescheduling of Examination Date (Fees Forward)

Rescheduling of your exam date may be granted for individuals who have a documented and verifiable emergency. You must provide a written request and appropriate documentation substantiating the emergency. Only one extension shall be permitted. Please submit your request as soon as the emergency presents itself.

The Day of the Exam

Admission to the Exam

Be sure to arrive on time for your exam. Be prepared for traffic delays or other unexpected incidents. Candidates arriving late to the exam may forfeit their exam appointment and fee. Candidates may not report to the exam site more than 10 minutes before their scheduled exam. At the time of check-in candidates must present their admittance letter and a valid government issued picture ID, such as a passport, military ID or driver's license. Candidates will not be admitted without these documents. Expect to spend up to one and a half hours at the exam site.

Apparel

Please dress in clean, comfortable and professional clothing for the exam. Shoes are required. Do not wear clothing marked with a school logo. **Please arrive FREE OF ODORS. If you arrive with ANY noticeable odor (e.g. body odor, smoke, perfume, cologne, essential oils, etc), you will NOT be admitted to the Practical Exam and you will forfeit the \$150 exam fee.**

Supplies

The Board will provide **all** supplies, including a holster. The Holster provided is a standard size, if you are concerned this may not meet your needs, please feel free to bring your own.

Conduct during the Exam

According to Oregon Administrative Rules 334-010-0010 (7) An examinee, whose conduct interferes with the testing process or whose behavior violates ethical practices or jeopardizes the safety of the examiners or staff, may be dismissed and disqualified from examination. Such conduct includes but is not limited to the following behaviors:

- (a) Giving or receiving exam data, either directly or indirectly; during the examination process
- (b) Failure to follow written or oral instructions relative to conducting the exam, including termination times and procedures;
- (c) Endangering the life or health of other examinees or exam staff;
- (d) Introducing unauthorized materials during any portion of the exam;
- (e) Attempting to remove examination materials or notations from the testing site; or
- (f) Violating the credentialing process such as falsifying or misrepresenting educational credentials or other information required for admission to the examination, impersonating an examinee, or having an impersonator take the licensing examination on one's behalf.

The Examination

Content Outline

The exam is scored in three content areas:

Communication and Assessment – Communication with the client examiner will be evaluated throughout the exam and includes initial assessment and exit interview skills. It is important to note that the client examiner may not be able to respond to your questions.

Massage & Bodywork – Candidate will perform a 10-minute demonstration of their chosen modality. Sanitation, client safety, client interaction, body mechanics, draping, application of technique and professionalism will be evaluated throughout the exam. (Please see the Draping Policy). Remember, this is meant to represent only a portion of a typical session, not a full session.

Kinesiology – Candidate will outline muscles, locating all attachments, and name and demonstrate the actions of the muscles. Please note that, with the exception of Pectoralis Major, all outlining of muscles must be done on undraped skin. Outlining of Pectoralis Major may be done just above the drape. (Please see the Draping Policy)

Candidates will randomly draw five muscles for outlining including the muscle attachments and naming and demonstrating the actions AND two muscles for demonstration of a stretched or shortened position. The muscles will be drawn from the following list:

Abductor pollicis longus	Gemellus superior and inferior	Rectus femoris
Adductor brevis	Gluteus maximus	Rhomboids
Adductor longus	Gluteus medius	Sartorius
Adductor magnus	Gluteus minimus	Scalenes (anterior, medius, posterior)
Anconeus	Gracilis	Semimembranosus
Biceps brachii	Iliacus	Semitendinosus
Biceps femoris	Infraspinatus	Serratus anterior
Brachialis	Intercostals	Soleus
Brachioradialis	Internal obliques	Splenius capitis
Coracobrachialis	Latissimus dorsi	Splenius cervicis
Deltoid	Levator scapula	Sternocleidomastoid
Diaphragm	Masseter	Suboccipitals
Erector spinae	Obturator internus and externus	Subscapularis
Extensor carpi radialis brevis	Occipitofrontalis	Supinator
Extensor carpi radialis longus	Palmaris longus	Supraspinatus
Extensor carpi ulnaris	Pectineus	Temporalis
Extensor digitorum (communis)	Pectoralis major	Tensor fascia latae
Extensor digitorum longus	Pectoralis minor	Teres major
Extensor hallucis longus	Peroneus longus	Teres minor
Extensor pollicis brevis	Peroneus Brevis	Tibialis anterior
Extensor pollicis longus	Piriformis	Tibialis posterior
External obliques	Plantaris	Transversus abdominis
Flexor carpi radialis	Popliteus	Trapezius
Flexor carpi ulnaris	Pronator quadratus	Triceps brachii
Flexor digitorum longus	Pronator teres	Vastus intermedius
Flexor digitorum superficialis (sublimes)	Psoas	Vastus lateralis
Flexor hallucis longus	Quadratus femoris	Vastus medialis
Flexor pollicis longus	Quadratus lumborum	Zygomaticus major
Gastrocnemius	Rectus abdominis	

NOTE: Muscles that attach on the pubic bone will NOT be eligible for outlining. They will still be eligible as demonstration of a stretch or shortening.

Suggested Reference Text

The Oregon practical exam assesses skills essential to safe and competent practice. In reviewing for the examination you may find the following references helpful:

Manual of Structural Kinesiology – Thompson (15th edition)

Trail Guide to the Body – Biel (3rd edition)

Mosby's Basic Essential Sciences for Therapeutic Massage – Fritz & Groesenbach (2nd edition)

The Massage Connection: Anatomy, Physiology & Pathology – Premkumar (2nd edition)

The Muscular System Manual – Muscolino (2nd edition)

Pathology A to Z – Premkumar (2nd edition)

Practical Examination Procedure

This is a 50-minute exam that is video and audio taped. It is not meant to represent a one-hour massage & bodywork session. **Many aspects of a massage & bodywork session may not be part of the exam procedure.** There will be three examiners; a client examiner, a reading examiner and an observing examiner. The exam is videotaped for integrity only and will not be used in scoring.

When the candidate arrives, no more than 10 minutes early, they will check-in at the front desk and present their admittance letter and a valid government issued picture ID, such as a passport, military ID or driver's license. After checking in, the candidate will make a random selection of muscles to be tested on. The candidate will be given an outline of the exam and some informational materials to read prior to the exam.

Next, the client examiner will greet the candidate and direct them to the exam room, familiarize the candidate with the room and instruct the candidate to make necessary preparations. In order to prevent bias in the exam, candidates are known only by a candidate number and examiners are instructed not to visit with candidates. The candidate will be asked if they read and understood the exam instructions they received in the waiting area. This is for the exam record.

Once the exam begins, the timer will count down the minutes remaining in the exam. During the exam the reading examiner will read instructions to the candidate and may repeat them as often as requested. Instructions cannot be explained or rephrased. The order of the exam cannot be changed. Once a task has been completed it cannot be revisited. You may choose to skip a task and, time permitting, return to it at the end of the exam. You may not skip a task once the task has been started. You may not return to tasks partially completed.

The candidate will be asked to explain considerations, techniques and contraindications for a specified pathology. This pathology applies only to this portion of the exam. It is not a factor in any other area of the exam nor does the client examiner actually have this pathology. The pathology will be assigned from the following list:

Acute Bronchitis	Frozen Shoulder	Postural Deviations
Anemia	Gout	Pregnancy
Anorexia Nervosa	Headaches	Raynaud's Syndrome
Asthma	Hernia	Rheumatoid Arthritis
Bell's Palsy	Herniated Disc	Sciatica
Breast Cancer	HIV/AIDS	Scoliosis
Bulimia	Hypertension	Seizure Disorders
Bursitis	Irritable Bowel Syndrome	Shin Splints
Carpal Tunnel Syndrome	Low Back Pain	Sinusitis
Chemical Dependency	Lupus	Skin Cancer
Chronic Fatigue Syndrome	Lymphoma	Sleep Disorders
Common Cold	Multiple Sclerosis	Sprains
Crohn's Disease	Muscular Dystrophy	Strains
Degenerative Disc	Myofascial Pain Syndrome	Stroke
Depression	Myositis Ossificans	Temporomandibular Joint Disorder
Diabetes Mellitus	Osteoarthritis	Tendinitis

Dislocations	Osteoporosis	Thoracic Outlet Syndrome
Edema	Patellofemoral Syndrome	Thrombophlebitis, Deep Vein Thrombosis
Embolism, Thrombus	Pelvis Inflammatory Disease	Thyroid Disease
Endometriosis	Peripheral Neuropathy	Torticollis
Fatigue	Plantar Fasciitis	Urinary Tract Infection
Fibromyalgia	Post Polio Syndrome	Varicose Veins
Fractures	Postoperative Situations	Whiplash

The candidate will be asked to demonstrate either an active or passive range of motion assessment on a particular area of the body. The area to be assessed will be chosen by the Board office.

The candidate will instruct the client examiner to prepare for the massage & bodywork session. If the client is to undress, the candidate and 2 remaining examiners will leave the room to allow the client examiner to disrobe and get on the massage table.

After returning to the room the candidate will perform a 10-minute demonstration of their preferred modality. They will demonstrate proficiency in the areas of sanitation, client safety, client interaction, body mechanics, application of technique and professionalism.

The candidate will demonstrate appropriate use of a breast drape. If the client has not undressed, the candidate and 2 remaining examiners will leave the room to allow the client examiner to disrobe and get on the massage table.

The candidate will demonstrate their muscle knowledge, including muscle attachments and location, muscle actions and safe movement. For this portion, all muscle outlining must be done on the client's undraped skin with the exception of Pectoralis Major which may be outlined just above the sheet. During the outlining, verbalization will not be scored. During the demonstration of actions, the candidate will be required to name **and** demonstrate the actions of the muscle. Actions must be demonstrated on the client's body, unless instructed differently.

NOTE:

At any time during the exam process if an examiner observes behavior that is a danger to the client examiner they may "pause" the exam. Areas of client endangerment may include, but are not limited to: poor hygiene or sanitation; unclear, non-existent or inappropriate communication; unprofessional language; belligerent conduct; improper draping or exposure; inappropriate touch; unassisted or otherwise unsafe turns; insufficient warming of tissue; improper range of motion; jerking joints in a manner likely to cause injury; inappropriate depth of pressure and/or persistent failure to respond to client's verbal and nonverbal clues. Under some circumstances this may result in termination of the exam.

Once the exam is complete, the candidate will retrieve belongings checked-in at the front desk and leave the exam site.

Results

Notification of exam results will be sent by mail within 30 days. Typically this time line is much shorter. Exams with a failing score are automatically reviewed a second time. Please do not call the Board office for your results. Your results cannot be given by phone.

Practical Exam: A **minimum score of 70% in each individual section** is necessary to pass the Practical Exam. If a candidate scores less than 70% on **any part** of the Practical Exam, they will be required to re-take the **entire** exam. The candidate is responsible for paying the \$150 exam fee for all re-takes.

Examination Appeals

A request for appeal of a failed exam must be made by the candidate in writing and received in the Board office within thirty days of the date on the letter of notification of exam results. The appeal must identify the specific errors of content, procedure, bias, prejudice or discrimination that the candidate believes applicable. The Board will not consider oral arguments from the candidate regarding an exam appeal unless the Board determines that further information is required directly from the applicant. **Exam results will not be modified unless clear and convincing evidence of an error in the exam is presented.**

Re-examination Information

Candidates must submit an application for re-examination form, the \$150 examination fee, and proof of current CPR certification to re-take the exam. If the CPR certification on file is current, there is no need to resubmit proof. The rescheduled exam will be a minimum of thirty (30) days from the date of the failed Practical Exam. Candidates must pass the practical exam within 24 months of the first attempt. If the candidate fails to pass in 3 attempts, they must re-establish eligibility as determined by the Board.

Initial Licensure

When a candidate receives notice of passing the practical exam, they will receive an application for Initial Licensure. The candidate must submit the application for initial license, along with the initial license fee within one year of the passed exam date. **A massage license will not be issued unless you have provided verification of having passed a Board Approved written exam (or in the case of Endorsement, verification of your license), passed the law exam, provided proof of current CPR certification and satisfaction of any other outstanding issues.**

YOU CANNOT ADVERTISE OR PRACTICE MASSAGE UNTIL YOU ARE LICENSED!

Instructions for Completing the Application Form

- Section 1** - Applicant Information: Provide information for all boxes. Use N/A for fields where you have no response. Previous names must include maiden name, previous married name(s) or any alias used. If you have lived at your current address for less than five years you must list all residences for the past five years on a separate piece of paper. Include your name and signature.
- Section 2** - Application: Circle what you are applying for.
- Section 3** - Special Accommodations: OBMT complies with the Americans with Disabilities Act of 1990 (ADA) and applicants requiring accommodations under ADA must submit to the Board in writing their request for accommodations. Documentation of a recent diagnosis from a qualified professional (e.g. licensed physician, optometrist, social worker, or psychologist) explaining the nature of the disability and the reason special testing arrangements are necessary must be received with the written request. The information provided by the healthcare professional must be written on their letterhead and include their title, address, telephone number, and an original signature. Official documentation must be provided before you can be scheduled for the Practical Exam.
- Section 4** - Voluntary Affirmative Action Information: This information is voluntary. You need only mark one box. If you are from more than one ethnic background you may choose "Other".
- Section 5** - Physical Description: Please list your height, weight, hair and eye color. You must include a front-view photograph that is no larger than 2" X 2", taken within the last 12 months. In addition you must provide a copy of a valid government issued picture ID, such as a driver's license, passport or military ID.
- Section 6** - Occupational Licenses: If you are licensed to practice in another field, in any state, please list.
- Section 7** - Arrests, Convictions and Sanctions: If you have ever been arrested and/or convicted of any crime, other than a minor traffic violation, or if you have been sanctioned by another licensing agency in any state or jurisdiction you must provide the following documents: a written explanation in your own words describing the incident(s), including what occurred, when it occurred, how it was resolved and the steps taken to prevent future reoccurrences. You must also include all related official documentation, including copies of the arrest/police report(s), a copy of the judgment, a copy of the settlement of the judgment, a copy of the Board/Agency orders, treating physician documentation, etc. Any false claims may result in denial or revocation of licensure. Prior arrests and/or convictions will not automatically result in a denied application. The Board has the right to request additional information and/or an informal meeting to discuss the matter.
- Section 8** - Education: A list of any colleges, universities, specialty schools, vocational schools and/or professional schools attended for massage training.
- Section 9** - Option to release practical exam date, pass/fail information and score details to primary school to assist in their program evaluation and feedback.
- Section 10** - Personal References: A list of three persons, not relatives, you have known for at least three years. Please include a complete address and phone number for the three persons. Include your printed name and signature.
- Section 11** - Certification: Your signature and the date are necessary to complete the application.
- Section 12** - Payment Information: Indicate the method and information of payment.

Completed applications must include the following:

- Signed application form
- Appropriate fees
- Transcripts in a sealed envelope from each school
- Front-view photograph no larger than 2" X 2"
- Copy of a valid government issued photo ID, such as a passport, military ID or driver's license
- Copy of current CPR certification card (front and back)
- Copy of passing notice for an OBMT approved written exam, if already completed (see candidate handbook)
- License verification form from licensing agency, if applying for Endorsement

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Oregon Board of Massage Therapists Application

1. Applicant Information – please print or type.

Last Name	First	Middle Initial	Date of Birth
Address	City	State	Zip Code
Home Phone	Work Phone	Social Security Number	
Mailing Address (if different)	City	State	Zip Code
List all previous names used (includes maiden & previous married names)	E-mail	Driver's License Number / State	

NOTICE: As part of your application for an initial or renewed occupational or professional license, certification, or registration issued by the Oregon Board of Massage Therapists, you are required to provide your Social Security Number to the Oregon Board of Massage Therapists. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC § 405 (c)(2)(C)(i), and 42 USC § 666 (a)(13). Failure to provide your Social Security Number will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your Social Security Number will be used for child support and tax administration purposes (including identification) only, unless you authorize other uses of the number. Although a number other than your Social Security Number appears on the face of the licenses issued by the Oregon Board of Massage Therapists, your Social Security Number will remain on file with the Oregon Board of Massage Therapists.

2. Application

What are you applying for (Circle One): Practical Exam OR Endorsement

Please circle the modality you will demonstrate during the 10-minute portion of your exam. If no modality is selected, Swedish will automatically be assigned.

- | | | | |
|------------------------|-----------------------|-----------------|------------------------|
| Acupressure | Lomilomi | Reflexology | Structural Integration |
| Body Talk | Myofascial Release® | Rolfing® | Swedish |
| Bowen | Neuromuscular Therapy | Rosen Method® | Trager® Approach |
| Cranial sacral Therapy | Polarity | Russian Massage | Trigger Point |
| Deep Tissue | Postural Integration® | Shiatsu | |

Other: _____ (You must contact the OBMT office in advance to obtain permission.)

3. Special Accommodations

Are you requesting special accommodations under the ADA (Americans with Disabilities Act)?

Yes * No

***NOTE:** If you mark yes, you will need to include current verification of disability from your health care professional. See instructions for completing the application form for how to qualify for special accommodations.

4. Voluntary Affirmative Action Information

Ethnic Background (check only one)

- Asian or Pacific Islander African American Hispanic Caucasian
 Native American or Alaskan Native Other

5. Physical Description

Height	Weight	Gender (Circle One)
		Male Female
Hair Color	Eye Color	

Attach FRONT-VIEW photograph no larger than 2"x 2" in this area. The photo must have been taken within the last 12 months.

6. Do you hold a license to practice in another field? Yes No

Occupation(s) _____

Occupation(s) _____

7. Arrests, Convictions and Sanctions

For each question below, indicate YES or NO in the space provided.

If you check yes to any question below, you must provide the following documents: a written explanation in your own words describing the incident(s), including what occurred, when it occurred, how it was resolved and the steps taken to prevent future reoccurrences. You must also include all related official documentation, including copies of the arrest/police report(s), a copy of the judgment, a copy of the settlement of the judgment, a copy of the Board/Agency orders, treating physician documentation, etc.

- 1. **Yes**_____ **No**_____ Have you been investigated, disciplined or denied licensure by this agency or **any** other governmental licensing agency?
- 2. **Yes**_____ **No**_____ Have you surrendered any professional license in **any** state, territory or jurisdiction?
- 3. **Yes**_____ **No**_____ Have you been arrested, charged or convicted of any type of violation of the law, including both misdemeanors and felonies, other than minor traffic violations, in **any** state, territory or jurisdiction? **Note:** A ticket for driving under the influence or while suspended must be reported.
- 4. **Yes**_____ **No**_____ Have you abused or been treated for the abuse of alcohol or a controlled substance(s)?
- 5. **Yes**_____ **No**_____ Have you suffered from and/or received treatment for a mental, physical or emotional condition, which could impede your ability to safely practice massage?

8. Educational Information

On a separate sheet of paper, list all schools related to your massage training. Include your name and signature

9. Release of Practical Exam Scores

I authorize the OBMT to release my practical exam date, pass/fail information and score details to my primary school of record for the purpose of program evaluation. **Yes** _____ **No** _____

10. Personal References

On a separate sheet of paper, list the complete address and phone number for three persons, not relatives, you have known for at least three years as personal references. Include your name and signature.

11. Certification

By my signature below, I certify that: I have read and will comply with the current* Oregon Revised Statutes (ORS) and Administrative Rules (OAR) governing massage; all information is true, accurate and complete to the best of my knowledge. I understand that falsification of any information or materials may result in denial, suspension, and/or revocation of license.

Applicant's Signature

Date

*To receive a current copy of the Rules and Statutes, please visit our website – www.oregon.gov/OBMT or contact the office at 503-365-8657.

12. Payment Type

Fees: \$50 Non-refundable Application fee plus \$150 Practical Exam fee.

Check:

(Make one check for \$200 payable to OBMT)

Check #:

(If paid with cash write cash on Check # line)

Amount:

\$ _____

Please circle option:

Visa / MasterCard

Card #: _____ Exp Date: _____

V-code: _____ (for Visa only, reverse side of card)

Authorized Amount to Charge: \$ _____

Billing Address of Card: Street #: _____ Zip Code: _____

(Example: Write 748 for 748 Hawthorne Ave NE. Do not write the entire address.)

Mail application to: OBMT, 748 Hawthorne Ave NE, Salem, OR 97301

Please note: Sending your application by certified mail may delay the processing time.



Oregon

Theodore R. Kulongoski, Governor

Board of Massage Therapists

748 Hawthorne Ave NE

Salem, OR 97301

Phone: (503) 365-8657

Fax: (503) 385-4465

www.oregon.gov/OBMT

CANCELLATION LIST

Revised 2/2/2009

Per OAR 334-010-0010 2) *The applicant shall be notified by mail, postmarked at least two weeks before the scheduled exam, unless otherwise waived by the applicant, of the time and place.*

If you wish to waive your 14-day notice and be placed on a cancellation list, please complete this form and submit it with your application for examination.

You will automatically be scheduled for the next available exam date and written notification of that date will be mailed. If a date prior to your scheduled exam date should become available you will receive a telephone call asking about your availability and confirming your acceptance or denial of the new date and time. **Please do not call our office to check on availability.**

I, _____, waive my right to 14-day notice and wish to be placed on the
(Print Name) Practical Exam Cancellation List.

Applicant's Signature

Date

Please note:

Signing this waiver does ***not*** guarantee an earlier exam date.

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Oregon

Theodore R. Kulongoski, Governor

Board of Massage Therapists

748 Hawthorne Ave NE

Salem, OR 97301

Phone: (503) 365-8657

Fax: (503) 385-4465

www.oregon.gov/OBMT

Verification of Licensure

Name of Licensee

Business Address of Licensee

City, State, Zip

Licensure Status

(To be completed by licensing board)

Licensee's state license/certificate number _____ State _____

Type of License (title): _____

Date of initial Licensure: _____ ; Current through _____ If expired, date of expiration _____

Licensed by:	_____	Written Examination *	date passed: _____
	_____	Practical Examination *	date passed: _____
	_____	Reciprocity/Endorsement	from which state: _____
	_____	National Certification	date certified: _____
	_____	MBLEx	
	_____	Other: _____	

*** Please provide an outline of the exam content, time permitted for completing the exam and information about qualifying examiners**

Has this license ever lapsed? [] No [] Yes , when _____

Has the above named applicant had any disciplinary actions taken against them? Any current investigations?
[] No [] Yes, please explain _____

COMMENTS: _____ [] More info on back

I acknowledge the above information is correct and current.

Signed _____

Title _____

Agency _____

Printed Name _____

Date _____

Affix State Seal Here

Return to:
Oregon Board of Massage Therapists
748 Hawthorne Ave. NE
Salem OR 97301

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Coverage/Draping Policy*

Adopted July 19, 2005

The purpose of coverage/draping is to establish boundaries, protect privacy, and to give safe access to areas being addressed. The Oregon Board of Massage Therapists expects LMTs to use safe and functional coverage/ draping practices on their client during the practice of massage.

Safe coverage/draping means:

- client gives informed consent
- LMT maintains and respects coverage/draping boundaries
- genitals and gluteal cleft are not exposed
- breast tissue is covered except when massaging area

Functional coverage/draping means:

- massage or movement of body doesn't expose genitals, gluteal cleft or breast tissue

Exceptions to this policy may be made for advanced Licensed Massage Therapists who can document training in specific modalities that require variations in coverage/draping.

* The OBMT has adopted various policies/guidelines to provide additional clarification and information for both licensees and the general public. This policy is supplemental to the Oregon Revised Statutes and Oregon Administrative Rules and as such does not supersede or replace information contained in the Statutes or Rules that govern massage. Should you have any questions regarding this policy please contact the Board office.



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Breast Massage Policy*

Adopted June 12, 1998

The Oregon Board of Massage Therapists has never stated breast massage is beyond the scope of practice. We have taken a position on sexual abuse, sexual violation, and sexual impropriety outlined in the Administrative Rules 334-030-0025.

There are times when massage of the anterior chest is appropriate. For example, massage of the chest used to aid in pulmonary drainage consisting of proper positioning, vibration and percussion is a valuable technique. Some authors suggest strong percussion should not be used over the entire chest. Massage of the breast to aid in the flow of milk of the nursing mother can be of benefit and there are other indications for massage of the anterior chest including the breast tissue.

What is not appropriate is massage of the breast for self gratification of the therapists, unnecessary exposure, massage of the nipple without reason, breast massage without explanation or consent of the client. Most of the complaints received by the board are around issues of sexual impropriety, lack of communication or improper draping practices.

The therapist must have reason, consent and knowledge before proceeding to perform massage of the breast. Cooperation with other Health Care Practitioners in the management of a client in need of such a treatment is recommended. The client must be fully informed of the treatment procedure, expected outcomes and possible adverse reactions and give consent. Most of these special procedures will require advanced training beyond the basic massage course. The therapist should be able to present evidence of the completion of such training. Having someone else present for questionable procedures is advisable for the protection of the therapist.

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Communicable Disease Guidelines*

Adopted June 12, 1998 (updated 2/2009)

There are a number of infectious agents causing disease, which can be transmitted in person-to-person contact. Massage therapists work in close physical contact with their clients and thus are potentially at risk for both contacting and transmitting disease-causing organisms. Transmission routes are numerous and an organism can be conveyed from one person to another by more than one route. The examples listed below describe common disease entities and modes of transmission. The examples do not represent an all-inclusive list.

ROUTE OF TRANSMISSION	DISEASE
Skin to skin contact	Staphylococcal infection; Streptococcal infection; Lice; Scabies; Herpes
Skin contact with object contaminated with infectious agents (i.e. clothing, handles on faucets, doorknobs, etc.)	Lice (clothing); Measles; Upper respiratory; Viruses (i.e. cold); Conjunctivitis
Skin contact with infected secretions (i.e. runny noses, rubbing eyes or skin when an infectious agent is present)	Upper respiratory; Viruses (i.e. cold); Conjunctivitis; Streptococcal infection
Fecal contamination of food/fluids followed by oral ingestion (i.e. failure to wash hands after using the toilet followed by food handling)	Hepatitis A; Candida (yeast)
Inhalation of airborne organisms	Many bacteria and viruses (i.e. cold, whooping cough)
Impaired skin integrity or mucosal skin exposure to infected body fluids (i.e. contact with infected body fluids allow organisms to enter the body through a break in the skin such as a cut or through mucous membranes such as found in the mouth and genitalia)	Hepatitis B (saliva, semen, blood, vaginal fluids); Human immunodeficiency virus (H.I.V.) (blood, semen, vaginal fluids); Herpes

In the vast majority of instances transmission is preventable with the use of basic hygienic practices available to anyone. The following guidelines were developed to address such concerns:

General Recommendations

- A. Give rigorous attention to hand-washing practices. Washing is the primary protection against acquiring and transmitting infectious organisms. Wash fingertips to elbows prior to and after every massage activity. Use warm water with single use soap and paper towels or a personal cloth towel that no one else uses.
- B. Provide single use soap and paper towels for client use in the restrooms.
- C. Encourage client hand-washing after use of the toilet via signs in the restrooms.
- D. Practice hand-washing after personal use of the toilet

- E. Practice, and encourage client practice, of turning off water taps with a paper towel after washing and drying hands.
- F. Follow guidelines detailed in administrative rules regarding proper care and cleaning of equipment and linen.
- G. Seek health care attention for diagnosis and treatment of symptoms that indicate an infectious process in the L.M.T.
- H. Encourage client to seek health care attention for diagnosis treatment of symptoms that indicate an infectious process.
- I. Conduct verbal and/or written assessments of client's health and presence of symptoms of possible infectious conditions that are transmissible through ordinary massage activities, especially respiratory or skin conditions (i.e. coughing, sneezing, severe itching of scalp or other area, rashes, wounds, skin lesions). Ask the client if he/she has a known communicable disease.
- J. If in doubt about potential for transmission, refrain from massage and request client to obtain evaluation of health from a licensed health-care provider. Do not risk infecting yourself or transmitting infection to another client. Use good judgment based on principles of healthful living, sanitation, and disease control.

Specific Recommendations

- A. If an L.M.T. is displaying symptoms of an upper respiratory infection (fever, coughing, sneezing, green or yellow nasal discharge), refrain from massage until the symptoms are controlled. Wash your hands frequently, especially after blowing your nose or covering your mouth with your hand.
- B. If an L.M.T. has an infectious skin rash, lesions, or an open wound of any kind on the hands or arms, do not massage until skin integrity is restored.
- C. If an L.M.T. has an infectious body rash, do not massage until the infection is absent.
- D. If an L.M.T. has an infectious lesion or wound present on body areas other than hands and forearms, adequately bandage the area so no infective secretions come into contact with clothes or hands. Be thorough about hand washing after bandaging and before massaging.
- E. Individual L.M.T.s who are carriers of Hepatitis B, H.I.V., or any other infectious organisms transmitted by body fluids must refrain from giving massages if there are any areas of the hands or forearms which, for any reason, are subject to bleeding or have open and/or draining areas in the skin. The practice of massage may be resumed once skin integrity is restored to the hands and arms.

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Topical Preparations Policy* Adopted March 9, 2006

Topical preparations may be used for the purposes of massage as defined in ORS 687.011 (5).

Topical preparations are used for but not limited to:

- lubricating and minimizing friction,
- warming or cooling an area,
- minimizing pain,
- addressing inflammation,
- promoting the healthy function of organs and systems of the body.

The Oregon Board of Massage Therapists expects that any LMT using a topical preparation understand the safe application, indications, and contraindications as they apply to each client. Informed consent protocol must be followed.

LMTs are reminded that they need appropriate knowledge and education that may be beyond their initial training when utilizing topical preparations.

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Federation of State
Massage Therapy Boards

Massage & Bodywork Licensing Examination Application Form

APPLICANT INFORMATION									
NAME	FIRST	M.I.	LAST						
PREVIOUS/MAIDEN NAME						SS #			
DATE OF BIRTH	MM	DD	YYYY		GENDER	<input type="checkbox"/> M	<input type="checkbox"/> F		
MAILING ADDRESS	STREET						APT. #		
CITY			STATE		ZIP				
EMAIL ADDRESS									
HOME PHONE				WORK PHONE			CELL PHONE		
EDUCATION									
NAME OF SCHOOL ATTENDED (Write in full – no acronyms please)									
LOCATION OF SCHOOL ATTENDED			CITY			STATE			
SPECIAL ACCOMMODATIONS									
DO YOU REQUIRE SPECIAL TESTING ACCOMMODATIONS?		<input type="checkbox"/> YES Please complete and submit the Request for Special Accommodations Form.					<input type="checkbox"/> NO		
LICENSURE									
LIST ONE STATE TO WHICH YOU WOULD YOU LIKE YOUR EXAM RESULTS SENT									
DO YOU HOLD A LICENSE TO PRACTICE MASSAGE THERAPY / BODYWORK?			<input type="checkbox"/> YES In Which State/Jurisdiction(s)?				<input type="checkbox"/> NO		
FEES									
TOTAL PAYMENT DUE \$195. Please provide payment information on the next page. Payment information will be destroyed after processing.									
STATEMENT OF ACKNOWLEDGEMENT									
<p>I hereby certify that the information I provided on this application and in any supporting documents is accurate, true, and correct to the best of my knowledge and belief. I acknowledge and agree to abide by and with the policies and procedures promulgated by FSMTB, including all policies regarding examination irregularities, cheating, and cancellation of scores. I acknowledge that I have reviewed the Examination Content Outline and that I have education and training in the content subject areas. I acknowledge and agree that I am prohibited from transmitting information about FSMTB examination questions or content in any form to any person or entity and that my failure to comply with this prohibition, or my failure to report any information about suspected violations of such prohibitions or otherwise about any possible cheating by myself or others may result in my scores being cancelled in accordance with FSMTB policies and procedures and/or legal action, up to and including criminal prosecution. I acknowledge that the fee is non-refundable and non-transferable.</p>									
SIGNATURE					DATE				

Send this application form and supporting materials to:

FSMTB

P.O. Box 198748, Nashville, TN 37219 (U.S. Postal Service)

150 Fourth Avenue North, Suite 800, Nashville, TN 37219 (for courier delivery)

**FSMTB Massage & Bodywork Licensing Examination
Payment Information and Application Form Instructions**

FEES

(Make payable to FSMTB. Standard personal checks are not accepted. All fees payable in US\$ dollars.)

Amount Enclosed/Please charge: _____ application(s) @ \$195 each = \$ _____

PAYMENT TYPE: Certified Check/Money Order School/Institution Check Visa MasterCard

CREDIT CARD NUMBER _____ EXP. DATE _____

NAME ON CREDIT CARD _____

CARDHOLDER SIGNATURE _____

INSTRUCTIONS FOR COMPLETING THE MBLE_x APPLICATION FORM

All information must be typed or printed. Illegible applications will not be processed.

Personal Information

- Indicate first name, middle initial, and last name (family/surname). Note that the identification that you present at the test site must bear the same name that appears on your application.
- Indicate other names you are or have been known by.
- Indicate your Social Security number.
- Indicate your date of birth (month, day, year).
- Indicate your gender.

Official Mailing Address/Contact Information

- Indicate your mailing address and daytime phone numbers at which you can be reached.
- Indicate your Email address. FSMTB will use this Email address to notify you when you are approved to register for the licensing examination so that you may promptly schedule your test date and time.
- To ensure prompt and accurate correspondence, it is important that you notify FSMTB immediately if any of your contact information changes. Contact us at www.fsmtb.org.

Education

- In signing the application, you are required to verify that you have read the Examination Content Outline and that you have education and training in the content subject areas.
- Indicate your school name in full (do not use acronyms).
- Indicate the location of the school you attended.

Special Accommodations

- If you require special accommodations, please complete the Special Accommodations Request Form and furnish the additional required information with this application.

Licensure Information

- You may select ONE State to which you may have your exam results sent, free of charge.
- Please indicate if you currently hold a massage therapy/bodywork license in any state(s) or jurisdiction(s).

Fees

- Total payment of \$195 is due with application.
- Payment information above will be destroyed after processing.
- You must first receive notification from FSMTB via email that you are approved to test before you will be allowed to schedule an exam.

Statement of Acknowledgement

- Review the statement of acknowledgement. Sign and date the application form.

Submit the completed application form and fee to:

FSMTB

P.O. Box 198748, Nashville, TN 37219 (U.S. Postal Service)

150 Fourth Avenue North, Suite 800, Nashville, TN 37219 (for courier delivery)

Questions? Call 1.866.9.MB.EXAM (1.866.962.3926) or Email mblex@fsmtb.org