



Federation of State
Massage Therapy Boards

**Massage & Bodywork Licensing Examination Mobility Form
MBLEx Score Report Request**

MBLEx CANDIDATE INFORMATION					
NAME	FIRST	M.I.	LAST		
PREVIOUS NAME (If you took the MBLEx under a different name)					
DATE OF BIRTH	MM	DD	YYYY	SS #	
MAILING ADDRESS	STREET				APT. #
CITY	STATE		ZIP		
EMAIL ADDRESS					
DAYTIME PHONE					
SEND MBLEx RESULTS TO					
A. STATE LICENSING BOARD/AGENCY Attach a separate sheet if listing more than three States (not necessary to provide mailing address for State)	1. 2. 3.				
B. OTHER					
NAME OF PERSON					
NAME OF BUSINESS					
STREET					APT # / SUITE
CITY	STATE		ZIP		
EMAIL ADDRESS					
FEES					
TOTAL PAYMENT DUE \$20 per Report. Please provide payment information on the next page. Payment information will be destroyed after processing.					
STATEMENT OF ACKNOWLEDGEMENT					
I authorize the Federation of State Massage Therapy Boards to provide any and all pertinent information regarding my Massage & Bodywork Licensing Examination (MBLEx) score(s) to the jurisdiction/state board/agency/party listed above. I acknowledge and understand that the fee is non-refundable and non-transferable.					
CANDIDATE SIGNATURE				DATE	

Send this MBLEx Mobility Form 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 MBLEx Mobility Form Instructions**

FEES

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

Amount Enclosed/Please charge: _____ Report(s) @ \$20 each = \$ _____

PAYMENT TYPE: Certified Check/Money Order Visa MasterCard

CREDIT CARD NUMBER _____ EXP. DATE _____

NAME ON CREDIT CARD _____

CARDHOLDER SIGNATURE _____

INSTRUCTIONS FOR COMPLETING THE MBLEx MOBILITY FORM

All information must be typed or printed. Illegible requests cannot be processed.

Personal Information

- Indicate first name, middle initial, and last name (family/surname).
- Indicate other names you are or have been known by.
- Indicate your Social Security number.
- Indicate your date of birth (month, day, year).

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 contact you if we have any questions.
- To ensure prompt and accurate correspondence, it is important that you notify FSMTB immediately if any of your contact information changes. Contact us at mblex@fsmtb.org.

Release of MBLEx Results

- You may have your MBLEx results released to a State licensing board/agency, employer or any other third party that you designate. You may also use this form if you wish to request a copy of your MBLEx results for your own records.
- Use Section A to indicate the State(s) to which you want your MBLEx results sent. If you want your results sent to more than three States, please attach a separate page.
- Use Section B to indicate if you wish your MBLEx results sent to a destination other than a State licensing board/agency.

Fees

- Candidates receive a score report upon completion of the MBLEx at the test center, free of charge. Candidates may also select ONE State to which they may have exam results sent, free of charge. All subsequent requests incur a fee of \$20 per Report.
- Total payment of \$20 per Report is due with this request form, if applicable.
- Payment may be made by credit card, certified check or money order.
- Payment information above will be destroyed after processing.

Statement of Acknowledgement

- MBLEx results are confidential and may only be released with written permission by the candidate. To ensure this confidentiality, submission of this form serves as authorization by the candidate to release the information.
- Review the statement of acknowledgement. Sign and date the form.

Submit the completed MBLEx Mobility Form and fee to:

FSMTB
MBLEx Mobility
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 1.866.962.3926 (1.866.9.MB.EXAM) or Email mblex@fsmtb.org