



Massage & Bodywork Licensing Examination Retake 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 <small>(Write in full – no acronyms please)</small>										
LOCATION OF SCHOOL ATTENDED				CITY			STATE			
SPECIAL ACCOMMODATIONS										
DO YOU REQUIRE SPECIAL TESTING ACCOMMODATIONS?		<input type="checkbox"/> YES Please complete the questions below.					<input type="checkbox"/> NO			
Do You Require The SAME Accommodations As Those Previously Provided?		<input type="checkbox"/> YES You do NOT need to submit the Request for Special Accommodations Form if completed within the last year.					<input type="checkbox"/> NO			
Do You Require NEW OR DIFFERENT Accommodations Than Those Previously Provided?		<input type="checkbox"/> YES Please complete and submit the Request for Special Accommodations Form.					<input type="checkbox"/> NO			
FEES										
TOTAL PAYMENT DUE \$195. <small>(Make payable to FSMTB. Standard personal checks are not accepted. All fees payable in US\$ dollars.)</small>										
PAYMENT TYPE: <input type="checkbox"/> Certified Check/Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard										
CREDIT CARD NUMBER _____					EXP. DATE _____					
NAME ON CREDIT CARD _____										
CARDHOLDER SIGNATURE _____										
STATEMENT OF ACKNOWLEDGEMENT										
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.										
SIGNATURE						DATE				

Send this application form and supporting documents 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
Retake Application Form Instructions**

INSTRUCTIONS FOR COMPLETING THE MBLE_x RETAKE 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 indicate whether you require the same accommodations as those previously provided or whether you are requesting new or different accommodations.
- If you require the same accommodations as those previously provided, you do NOT need to submit the Special Accommodations Request Form if you completed it within the last year.
- If you require new or different accommodations that those previously provided, you must complete the Special Accommodations Request Form and furnish the additional required information with this application.

Fees

- Total payment of \$195 is due with application. 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)