

D. PROFESSIONAL COMPETENCY & BACKGROUND

Please write "YES" or "NO" to each question below. All "yes" answers must be explained in your own words on a separate sheet. Include all details, dates, and resolutions to the matter. **NOTE: ALL QUESTIONS MUST BE ANSWERED OR APPLICATION WILL BE RETURNED. COMPLETE AND COMPREHENSIVE ANSWERS TO AVOID DELAY.**

- _____ 1. *Since your last active status*, have you been addicted to, or is currently dependent on alcohol, any drug (prescription or non-prescription), or any controlled substance?
- _____ 2. Has **ANY** state licensing, certification or disciplinary Board or comparable body in any federal, state, municipal or Armed Forces ever taken any action against your license, certification, or registration, including this Board?
- _____ 3. *Since your last active status*, have there been any outstanding complaints, investigations, charges, or allegations pending against you by any of the aforementioned bodies?
- _____ 4. *Since your last active status*, have you had a physical or mental illness, or injury/disability that impaired or impairs your ability to practice?
- _____ 5. *Since your last active status*, have you had any court proceedings, pled *guilty, nolo contendere, no contest*, or been *convicted* or received *probation before judgment* of any criminal act, including DWI or DUI of alcohol or controlled substances?
- _____ 6. *Since your last active status*, has any hospital, HMO, managed care organization, or related healthcare entity or employer denied you privileges or employment, denied application for employment, or did not renew your contract for a reason or reasons related to your practice?
- _____ 7. *Since your last active status*, has a malpractice civil suit or action been filed against you or has a claim been made against you or a settlement or award had been made against you relating to your practice?

E. CONTINUING EDUCATION (TOTAL REQUIRED = 24) & *CPR CERTIFICATION: New revised regulations – Jan. 6, 2014 are: 1 hour in diversity and Cultural Competency + 3 hours in Professional Ethics or Jurisprudence + 3 hours in Communicable Diseases including AIDS/HIV + 17 Massage Related (techniques) courses = 24 CEUS. *NOTE: LMTs MUST HAVE PROVIDER LEVEL CPR.

You must remit copies of your CEU certificates (dated November 1st through October 31st of the biennial window – [the dates after the last expiration of your last active license/registration]) AND a copy of your current valid qualification in CPR along with this Reinstatement Application. **Reinstatement forms submitted WITHOUT copies of valid CEU completion certificates and a copy of your active CPR certification or card (front/back); WILL NOT BE PROCESSED and may be returned to you.**

F. Active LMT Fee: **\$286.00** (Includes Health Care Commission Fee of \$36.00) _____

Active RMP Fee: **\$250.00** _____

Reinstatement Fee: **\$200.00** (In addition to the renewal fee) _____

Reinstatement Late Fee: **\$200.00** (Non-renewed status within 24 months last License/Registration exp. date) _____

Duplicate Fee: **\$ 40.00** X _____ (\$20.00 during Biennial Renewal Period – Aug. 30th – Nov. 30th) _____

Check(s) or money order(s) number(s): _____ **TOTAL FEES: \$** _____

***Did you remember to:** Answer ALL questions, enclose payment, attach copies of CEU completion certificates (**retain originals for your records and renewal within this 2 year period**), attach a copy of current CPR card (front/back) attach document(s) WITH explanation letter (if you answered "Yes" in section "D"); then *sign* and *date* the bottom of this form?

I AFFIRM AND ATTEST THAT THE INFORMATION I HAVE GIVEN ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PRINT/TYPE APPLICANT FULL NAME (FIRST NAME, MIDDLE NAME, LAST NAME) _____
APPLICANT SIGNATURE _____
LIC. / REG. No. _____
DATE

Professional Competency & Background Explanation
(For yes answers to Questions 1-7 of Section D)

Note: If not applicable; disregard this page. If you answered yes; complete information or indicate documents are attached.

- **I have provided written information regarding answer(s) “Yes” for Questions 1-7 in Section D.**
- **I have provided documentation attached regarding answer(s) “Yes” for Questions 1-7 in Section D.**