



Massage Therapist License Application

12350 W 87 Street Pkwy
 P.O. Box 14888
 Lenexa, KS 66285-4888

Phone 913-477-7500
 Fax 913-477-7730
 www.lenexa.com

NOTE: Any failure to fully or truthfully answer any question or provide any information required herein may result in denial of this application and a one-year ineligibility to reapply. If you have any questions or are unclear about this application or the required information, review City Code (a copy of which is provided to you with this Application) and clarify with City staff prior to submitting this application.

PLEASE PRINT

New Renewal

SECTION 1: THERAPIST'S PERSONAL INFORMATION

Name of Applicant _____
First Middle Last

OTHER NAMES USED (including maiden name) _____

Home Address (NOTE: home address cannot be the establishment address unless the therapist is operating a licensed in-home massage establishment.)

Number and Street _____ City _____ State _____ Zip _____

Home Tel () _____ Cell () _____

Date of Birth _____

State-Issued ID Card (Driver's License) No.: _____ State Issuing: (circle) Kansas Missouri

Email _____ Social Security Number _____ Gender : M F

Height _____ Weight _____ Eye Color _____ Hair Color _____ Race _____

Contact for all correspondence and inspections associated with this application and/or contact assisting with the completion of this application:

First and Last Name _____ Tel/Cell Number _____ Driver's License # _____

SECTION 2: THERAPIST'S BACKGROUND INFORMATION

- List all employment held within the past three (3) years. All columns must be completed.

Dates	Employer	Employer Address	Direct Supervisor	Business's Direct Phone #
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

• **Have you been denied a Massage Therapist or Massage Establishment license or permit within the last ten (10) years?**

- No Yes – complete section below

For each massage therapist or establishment license/permit **denied** during this timeframe, please answer the following:

1. Type of License/Permit (circle): Therapist Establishment City, State: _____
Date of denial: _____ Reason given for denial: _____
2. Type of License/Permit (circle): Therapist Establishment City, State: _____
Date of denial: _____ Reason given for denial: _____

• **Have you been issued a Massage Therapist or Massage Establishment license or permit within the last ten (10) years?**

- No Yes – complete section below

For each massage therapist or establishment license/permit held during this timeframe, please answer the following:

1. Type of License/Permit (circle): Therapist Establishment City, State: _____
Date Issued _____ License/Permit Number _____
Disposition of license/permit (i.e., expired, revoked, suspended, active) _____
2. Type of License/Permit (circle): Therapist Establishment City, State: _____
Date Issued _____ License/Permit Number _____
Disposition of license/permit (i.e., expired, revoked, suspended, active) _____
3. Type of License/Permit (circle): Therapist Establishment City, State: _____
Date Issued _____ License/Permit Number _____
Disposition of license/permit (i.e., expired, revoked, suspended, active) _____
4. Type of License/Permit (circle): Therapist Establishment City, State: _____
Date Issued _____ License/Permit Number _____
Disposition of license/permit (i.e., expired, revoked, suspended, active) _____

• **Have you been issued an adult entertainment business license or permit or been employed by an adult entertainment business or escort service within the past ten (10) years?**

- No Yes – complete section below

For each adult entertainment or escort license/permit previously held or business/service worked at during this timeframe, please answer the following (as applicable):

1. Type of License/Permit _____ Issuing City, State _____
Date Issued _____ License/Permit Number _____
Disposition of License/Permit (i.e. expired, revoked, suspended) _____
Employer name and contact info (address and telephone) _____
Type of work performed _____

2. Type of License/Permit _____ Issuing City, State _____
 Date Issued _____ License/Permit Number _____
 Disposition of License/Permit (i.e. expired, revoked, suspended) _____
 Employer name and contact info (address and telephone) _____
 Type of work performed _____

• **Have you ever been convicted of, received diversion for, or received a suspended imposition of sentence for a criminal charge other than a minor traffic violation? (NOTE: "minor traffic violations" are defined by City Code as "any violation classified as a traffic infraction or ordinance traffic infraction pursuant to K.S.A. 8-211(c), and amendments thereto." City Customer Service will have a copy of K.S.A. 8-211(c) for you to review upon request but cannot provide any advice as to whether a particular charge or offense qualifies as a minor traffic violation or not. If you are unsure of whether you should list a criminal charge or not, you should seek independent advice or err on the side of disclosing too much as opposed to too little. Failing to disclose a required charge will result in denial of this application.)**

- No Yes (please complete the following information for each charge):

Date	Charge	Jurisdiction	Sentence/Penalty	Status of Case

SECTION 3: LENEXA LICENSE QUALIFICATION INFORMATION

• **Educational Requirements (please check and complete any applicable section. One is required for license):**

Successful completion (certification/graduation) of a course of instruction consisting of not less than 500 hours of massage-related instruction from one or more accredited schools. (NOTE: You must provide **certified** transcripts verifying this certification/graduation signed by the school registrar, either presented with a raised seal OR faxed or emailed directly to the City by the school).

Name of School(s): _____

Address of School(s): _____

Telephone Number of School(s): _____

Certificate/Degree Received: _____

Date of Completion/Graduation: _____

Successful passage of the Board Certification exam administered by the National Certification Board for Therapeutic Massage & Bodywork (proof of successful passage of the NCBTMB exam via letter or ID card.)

Date of Certification: _____

Holds a current Kansas license to practice healing arts (this does not include massage therapy), is a currently licensed Kansas registered professional nurse, or is a currently licensed Kansas physical therapist (NOTE: You must provide a copy of your current license.)

Type of certificate/license _____ Date of license _____ Lic. No. _____

Has been licensed by the City of Lenexa as a Massage Therapist for at least five (5) consecutive years prior to the date of this application.

- **In-person (not online) CPR Certification:** (ONLY by an American Red Cross or American Heart Association course – no equivalent courses accepted. You must provide a copy of your current certification card.)

Course Provider _____ Date of Course _____

Location of Course _____ Expiration Date of Certification _____

- **In-person (not online) First Aid Certification:** (ONLY by an American Red Cross or American Heart Association course – no equivalent courses accepted. You must provide a copy of your current certification card.)

Course Provider _____ Date of Course _____

Location of Course _____ Expiration Date of Certification _____

SECTION 4: LENEXA MASSAGE THERAPY EMPLOYMENT INFORMATION

- In a massage facility - check each location type at which you will be working and provide the requested information:

In a Massage Therapy Establishment Facility **In a Massage Therapy Establishment in my Home**

In an Otherwise Licensed Business offering massage therapy (chiropractor office, fitness center, etc.)

Name of 1st Business _____ Owner of Business _____

Business Address _____

Business Tel: _____

Business Email _____ Position Being Hired for _____

Therapies you will perform _____

Name of 2nd Business _____ Owner of Business _____

Business Address _____

Business Tel: _____

Business Email _____ Position Being Hired for _____

Therapies you will perform _____

In-Client's Office. Types of therapy you will perform: _____

In-Client's Home. Types of therapy you will perform: _____

I hereby swear or affirm that the information provided on this application, and any other documentation provided to the City in support of this application, is true and correct to the best of my knowledge and belief. I further acknowledge that if any information provided is determined to be incomplete, false or misleading, that alone may be grounds for the denial, suspension, or revocation of the license and any other discipline or action as allowed by City Code. I further authorize the City to conduct any and all appropriate investigation(s) into the truth of the statements set forth in this application and any other documentation submitted in support of this application.

State of KANSAS)
County of JOHNSON)

Applicant Signature _____ Date _____

(Do not sign until you are in the presence of a Notary Public.)

Notary Public signature _____ My appointment expires (Seal) _____

Subscribed and sworn to before me this _____ day of _____, 20_____

FOR OFFICE USE ONLY:

- Educational Requirements – **New therapist** – must check at least one:
 - Certified transcript of at least 500 credit hours of education from successful completion of massage-related instruction from one or more accredited schools
 - NCBTMB board certification
 - Healing Arts license
 - Lenexa massage therapist for 5 consecutive years

- Educational Requirements – **Renewal:**
 - 12 hours continuing education (must be approved by NCBTMB)

- Other
 - Current CPR
 - Current First Aid
 - Kansas or Missouri issued Identification Card
 - Application Packet Paperwork Completed

- Fees
 - Application Fee - \$75 new \$35 renewal \$ _____
 - Additional ID Card Fee - @ \$15 (first type is N/C) \$ _____

Cash / cc / Check # _____ Receipt # _____ \$ _____ Total

- ID Numbers

Therapist License No. _____	Expiration Date _____
In Establishment or OLB PD Badge # _____	Expiration Date _____
In Client's Home PD Badge # _____	Expiration Date _____
In Client's Office PD Badge # _____	Expiration Date _____

- PD Background Check Successfully Completed: Date _____ By _____
 - Approved Denied



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Statement of Understanding – Operations Regulations

PLEASE READ CAREFULLY

You are responsible for being familiar with and complying with the rules and regulations related to massage therapy at all times. The following is only a summary of the City's regulations of massage therapy operations, and you should refer to the Code for entirety of the regulations.

Please initial each line after reading:

___ You must have a current license issued by the City of Lenexa in order to perform any massage therapy services in the City.

___ You must have your appropriate City-issued identification card with you at all times when providing services, and shall produce the card for inspection by any City representative.

___ You have received a copy of and must comply with the provisions of City Code Chapter 2-3 at all times when providing massage therapy services or working at a massage establishment.

___ You cannot provide massage therapy on clients after 10:00 p.m. or before 6:00 a.m.

___ You cannot consume any alcoholic beverages or cereal malt beverages during business hours or while providing massage services. You cannot provide alcoholic beverages or cereal malt beverages to patrons during or as part of your massage services.

___ You must be clean, and wear clean, modest, non-transparent outer garments while providing services.

___ A patron's pubic region, human genitals, perineum, anal region, and the area of the female breast that includes the areola and nipple must be covered at all times by opaque towels, sheets, cloths, or undergarments when in your presence.

___ Any contact by you with a patron's pubic region, human genitals, perineum, anal region, or the area of the female breast that includes the areola and nipple is strictly prohibited.

___ Table showers are strictly prohibited.

___ You cannot perform massage therapy to be provided to a person under the age of 18 unless that person is accompanied to the establishment by a parent or legal guardian, and the parent or legal guardian has authorized such therapy in writing.

___ You must keep and maintain a register of services provided as in-clients' office or in-clients' home massage, listing the location type, each patron's first and last name, home address or phone number. Such register shall be open to inspection at all reasonable times by any City representative. Each year's register must be kept on file for one year after the completion of the year.

Consent to Release Student Educational Records

I, _____ of _____
(Print Student's Name) (SSN Number) (Permanent Address)

hereby consent and grant to the (print the name of all schools attended for massage licensing requirements): _____

full authority and permission to duplicate and release the following records to the City of Lenexa, Kansas, 12350 West 87th Street Parkway, Lenexa, Kansas 66215, according to the following terms:

1. Description of records to be released: Records which reflect the date(s) of admission, the date(s) of graduation, and transcript(s) of all completed classes, courses or programs.

2. Reasons for release of records: For investigation of my application to be licensed as a massage therapist in the City of Lenexa, Kansas.

Other Restrictions and Conditions:

- This Consent to Release Records is limited to the City of Lenexa, Kansas. Any further release of records to any other person, group, corporation, or other entity of any kind or nature is expressly prohibited without further written consent of the student.
- The records listed above will be released in unedited form except as otherwise provided by the Family Educational Rights and Privacy Act of 1974 and Regulations promulgated thereunder, applicable state law, and the policies and procedures of the University. The student has the right to deny access to the records listed above and/or to revoke this consent at any time. In signing this consent form, the student agrees to permit the release of these records.

Having read and understood this consent form, the student has signed below as their free act and deed.

(Signature of Student)

Dated: _____

State of KANSAS)
County of JOHNSON)

Subscribed and sworn to before me this _____ day of _____, 2____

(Notary Public)

My commission expires: _____

EMPLOYMENT RECORD RELEASE AUTHORIZATION

To (list all employers within the past three (3) years): _____

_____.

I, _____ (print name), am an applicant for massage therapy licensure with the City of Lenexa, Kansas. I have authorized the City of Lenexa, Kansas to conduct an investigation into my background for the purpose of determining my suitability for licensure. Each organization identified above is hereby authorized to release the following information related to my employment: date of hire; date of termination, position held. You are hereby authorized to release this information in writing or verbally, as requested by an employee, agent, or representative of the City of Lenexa, Kansas. This authorization shall supersede any prior request or authorization to the contrary. A photocopy or fax of this authorization will be as effective and valid as the original. This release authorization is effective as of the date set forth below for six (6) calendar months.

(Signature)

(Date)

(Print or type name)

(SS#)

State of KANSAS)
County of JOHNSON)

Subscribed and sworn to before me this _____ day of _____, 2____

(Notary Public)

My commission expires: _____