

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
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**FAX #:** (608) 251-3036  
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Madison, WI 53705  
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## **MASSAGE THERAPY AND BODYWORK THERAPY CREDENTIALING BOARD** **INFORMATION FOR MASSAGE THERAPIST OR BODYWORK THERAPIST**

### **LICENSURE ELIGIBILITY REQUIREMENTS BASED ON METHOD OF APPLICATION:**

**Licensure by Examination or Re-Registration:** An applicant is eligible for licensure as a Massage Therapist or Bodywork Therapist if the applicant:

1. Completes and submits Application (**Form #2960**) and pays the fee specified in Wis. Stat. § 440.05(1).
2. Submits a copy of current CPR/AED certificate from a DHS approved provider. For a listing of approved providers go to [http://www.dhs.wisconsin.gov/ems/License\\_certification/CPR.htm](http://www.dhs.wisconsin.gov/ems/License_certification/CPR.htm).
3. Is 18 years of age or older.
4. Has graduated from high school or attained high school graduation equivalency as determined by the Department of Public Instruction under Wis. Stat. § 115.29(4). Complete Massage Therapy and Bodywork Therapy Program Curriculum (**Form #2962**). This form must be completed by your school and returned directly to the Department. If your school is not Educational Approval Program (EAP) approved, you must also submit an official transcript.
5. **Passes the Wisconsin State Law Examination:** The Wisconsin Massage Therapy and Bodywork Therapy State Law Exam is an on-line open book examination on the Wisconsin Statutes and Administrative Codes that govern Massage Therapists and Bodywork Therapists. Candidates will be assigned an ID#, test name, and password after submitting an application.

**Important: (for Graduates from WI State Schools on or After 1/1/2012)** You are required to take and pass this exam as a prerequisite to graduation. Your Massage Therapy or Bodywork Therapy school should notify students when and where to complete the exam; it is recommended that the applicant complete the exam as soon as reasonable. Upon completion of the exam, the applicant will be presented with the option to "Print test feedback report." **The applicant must choose this option ("Print test feedback report") to have the exam score available for review by the school (do not submit to DSPS). DSPS does not have the ability to recall a score.** If the applicant fails to print the test feedback report when given the option, the applicant will be required to retake the exam and pay an additional fee.

6. Has in effect malpractice liability insurance coverage in an amount that is not less than \$1,000,000 per occurrence and \$1,000,000 for all occurrences in one year. **Malpractice Liability Insurance:** All applicants are required to submit a copy of a current certificate of malpractice liability insurance, which shows the amounts of coverage and expiration date.
7. Has not been convicted of an offense under Wis. Stat. §§ 940.22, 940.225, 944.15, 944.17, 944.30, 944.31, 944.32, 944.33, 944.34, 948.02, 948.025, 948.08, 948.085, 948.09, 948.095, 948.10, or a comparable offense under federal law or a law of any other state.
8. Subject to Wis. Stat. §§ 111.321, 111.322 and 111.335, has not been convicted of any other offense not listed in item (7) above, the circumstances of which substantially relate to the practice of Massage Therapy or Bodywork Therapy.
9. Has passed one of the following nationally administrated examinations (exam applicants only):
  - National Certification Examination for Therapeutic Massage
  - National Certification Examination for Therapeutic Massage and Bodywork
  - Asian Bodywork Therapy Examination of the National Certification Commission for Acupuncture and Oriental Medicine
  - Massage and Bodywork Licensing Examination

### **National Score Report: NCBTMB, NCCAOM, or FSMBT**

Applicants who passed either of the National Certification Examinations of the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB). Complete NCBTMB Official Score Report Request Form. Attach appropriate fee and forward to address indicated on form. Forms are available at <http://www.ncbtmb.org>. Your scores must be returned **directly** to the Department from NCBTMB. Scores received from the applicant will not be accepted.

### **Applicants who have passed the Asian Bodywork Therapy Exam of the National Certification Commission of Acupuncture and Oriental Medicine (NCCAOM)**

Complete NCCAOM Request Form. Attach appropriate fee and forward to address indicated on form.

Forms are available at <http://www.nccaom.org>. Your scores must be returned directly to the Department from NCCAOM. Scores received from the applicant will not be accepted.

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## Applicants who have passed the Federation of State Massage Therapy Board's (FSMTB) Massage and Bodywork Licensing Examination (MBLEx)

Complete Massage and Bodywork Licensing Examination Mobility Form. Attach appropriate fee and forward to address indicated on form. Forms are available at <http://www.fsmtb.org>. Your scores must be returned directly to the Department from FSMTB. Scores received from the applicant will not be accepted.

### Temporary Licensure

This provision applies only to those eligible for licensure by examination and who meet all other requirements for licensure, but who have not yet received scores from an approved nationally administered entry-level competency assessment examination.

A temporary license expires 6 months after the date of issuance or when the Department receives notice that the temporary licensee has failed or passed the examination required by Wis. Stat. § 460.06, whichever is first.

- a. A temporary license may not be renewed; and
- b. No person shall be issued more than one temporary license.

Practice under a temporary license shall be under the supervision of a licensed Massage Therapist or Bodywork Therapist, at the level of general, direct, or direct one-on-one supervision as necessary to avoid unacceptable risk of harm to the client. The supervising Massage Therapist or Bodywork Therapist is responsible for determining the level of supervision necessary to avoid unacceptable risk of harm to the client and is responsible for the acts of the temporary licensee.

The supervisor may be subject to discipline for failure to appropriately supervise the temporary licensee and/or for failure to ensure that, the temporary licensee adheres to the Board's rules and the standards of minimal competence.

The supervisor responsible for the temporary licensee shall ensure that clients know the temporary licensee is not fully licensed and that the supervisor is ultimately responsible for the care provided. It is recommended that this information be documented in the client record.

**Licensure by Reciprocity:** An applicant is eligible for reciprocal licensure as a Massage Therapist or Bodywork Therapist if the applicant:

1. Completes and submits Application (**Form #2960**) and pays the fee specified in Wis. Stat. § 440.05(1).
2. Holds a current similar license, registration or certificate to practice Massage Therapy or Bodywork Therapy in another U.S. state or territory or another country, the requirements for which are substantially equivalent to the requirements under Wis. Stat. § 460.05.  
"Substantially Equivalent" means the requirements must include either of the following:
  - Certification by the NCBTMB or any other organization accredited by the National Commission for Certifying Agencies to certify Massage Therapy or Bodywork Therapy; **or**
  - Completion of at least 600 classroom hours of instruction in Massage Therapy or Bodywork Therapy at a school approved by an accrediting agency.
3. Submits a copy of the rules and regulations currently in effect pertaining to the practice of Massage Therapy or Bodywork Therapy in the jurisdiction from which the applicant wishes to reciprocate.
4. Submits verification of a current license, registration or certification issued by another U.S. state or territory or province of another country. You are required to have each jurisdiction in which you have ever been credentialed submit letters of verification to DSPS. The letters must indicate your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions. City or county certification/licensure does not meet the State licensure requirement, nor will you need to submit verification from these jurisdictions.
5. **Passes the Wisconsin State Law Examination:** The Wisconsin Massage Therapy and Bodywork Therapy State Law Exam is an online open book examination on the Wisconsin Statutes and Administrative Codes that govern Massage Therapists and Bodywork Therapists. Candidates will be assigned an ID#, test name, and password after applying.
6. Has not been convicted of an offense under Wis. Stat. §§ 940.22, 940.225, 944.15, 944.17, 944.30, 944.31, 944.32, 944.33, 944.34, 948.02, 948.025, 948.08, 948.085, 948.09, 948.095, 948.10, or a comparable offense under federal law or a law of any other state.
7. Subject to Wis. Stat. §§ 111.321, 111.322 and 111.335, has not been convicted of any other offense not listed in Item (6) above, the circumstances of which substantially relate to the practice of Massage Therapy or Bodywork Therapy.
8. Has in effect malpractice liability insurance coverage in an amount that is not less than \$1,000,000 per occurrence and \$1,000,000 for all occurrences in one year. Malpractice Liability Insurance: All applicants are required to submit a copy of a current certificate of malpractice liability insurance, which shows the amounts of coverage and expiration date.
9. Submit a copy of current CPR/AED certificate from a DHS approved provider. For a listing of approved providers go to <https://www.dhs.wisconsin.gov/ems/licensing/cpr.htm>.
10. Has not engaged in conduct while practicing Massage Therapy or Bodywork Therapy that jeopardizes the health, safety, or welfare of a client or that evidences a lack of knowledge of, inability to apply, or the negligent application of, principles or skills of Massage Therapy or Bodywork Therapy.

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## MASSAGE THERAPY AND BODYWORK THERAPY CREDENTIALING BOARD

### APPLICATION FOR MASSAGE THERAPIST OR BODYWORK THERAPIST LICENSURE

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

<b>PLEASE TYPE OR PRINT IN INK</b> <input type="checkbox"/> Your name, address, telephone number, and email address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).			
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Former / Maiden Name(s)</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Address</b> (street, city, state, zip)		<b>Daytime Telephone Number</b>	
<input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>	
<b>Mailing Address</b> (if different)		<b>Date of Birth</b>	
<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
<b>Social Security Number</b>	Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.		
<input type="text"/>			
Ethnicity/gender status information is optional.			
<b>Ethnicity:</b> <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other			
<b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F			
<b>Email Address</b>			
<input type="text"/>			
<b>Have you ever been licensed in WI as a Massage Therapist or Bodywork Therapist?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, provide credential number: <input type="text"/>			
<b>Name of Massage Therapy or Bodywork Therapy School</b>		<b>Date Completed</b> (or anticipated completion date)	
<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
<b>School Address</b> (street, city, state)			
<input type="text"/>			

**APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.**

**For Receiving Use Only (146)**

- I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- Licensure by Examination** (applicants who have passed or plan to take a nationally administered entry-level competency assessment examination that meets generally accepted psychometric principles and standards)  
 \$ 75.00 Credential Fee  
 \$ 75.00 State Law Exam  
**\$ 150.00 DSPS Total Fee Attached**
- Request for a Temporary License** (required in addition to the above DSPS Total Fee and is non-refundable)  
**\$ 10.00 Fee** (This provision only applies to those eligible for licensure by examination. Applicant must have met all other requirements for licensure except they have not received scores from an approved national examination.)
- Licensure by Reciprocity** (applicants who have a similar license or credential issued by another U.S. state or territory another county that is substantially equivalent)  
 \$ 75.00 Credential Fee  
 \$ 75.00 State Law Exam  
**\$ 150.00 DSPS Total Fee Attached**
- Re-Registration** (License expired more than five (5) years)  
 \$ 75.00 Credential Fee  
 \$ 25.00 Late Renewal Fee  
 \$ 75.00 State Law Exam  
**\$ 175.00 DSPS Total Fee Attached**

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**APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:**

- |  |  |
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| <input type="checkbox"/> Application ( <b>Form #2960</b> ) and appropriate fee<br><input type="checkbox"/> Copy (front and back) of current CPR/AED card from DHS approved provider<br><input type="checkbox"/> Passage of the Wisconsin Statutes and Rules Exam<br><input type="checkbox"/> Massage Therapy or Bodywork Therapy Program Curriculum ( <b>Form #2962</b> ) (exam and re-registration applicants only) and official transcripts if required.<br><input type="checkbox"/> Copy of Certificate of Insurance for malpractice liability policy showing applicant as policyholder and insured with coverage not less than \$1,000,000 per occurrence and \$1,000,000 for all occurrences in one year. | <input type="checkbox"/> Verification of licensure or certification from another state submitted directly from that state(s) board(s).<br><input type="checkbox"/> Proof of passing National exam received directly from National Exam Services (exam applicants only)<br><input type="checkbox"/> Convictions and Pending Charges ( <b>Form #2252</b> ), if applicable<br><input type="checkbox"/> Suits or Claims ( <b>Form #2829</b> ) and copies of malpractice suit, court documents with allegations and settlement, if applicable |
|--|--|

**ARE YOU A VETERAN?** If yes, please view the Department website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for eligibility requirements.

**If you qualify, are you requesting a waiver of your initial credentialing fee?**  Yes  No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

**If you qualify, are you requesting equivalency of your Military Training and experience?**  Yes  No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

**If you qualify, are you requesting Temporary Spousal Reciprocal License?**  Yes  No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

**You may contact the DVA at 1-800-WisVets or [www.WISVETS.com](http://www.WISVETS.com) for assistance in obtaining your DVA Voucher Code and/or documents related to your training.**

**CONTINUING EDUCATION AND RENEWAL REQUIREMENTS:** Please view the Department website at <http://dsps.wi.gov> and select "Professions," then "Massage Therapist or Bodywork Therapist."

**I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S).** (Include all active and inactive states.)

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For each credential listed above, you are required to have each State Board or territory of the United States submit a letter of verification to the Wisconsin Massage Therapy or Bodywork Therapy Examining Board. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

**REGARDING THE STATES YOU LISTED ABOVE:** Identify the states in which you were licensed by EXAM.

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**FOR TEMPORARY LICENSE ONLY:** (Please check one.)

I plan to take the next National Certifying Examination on:  /  /

I have taken and passed the National Certifying Examination

**ANSWER THE FOLLOWING QUESTION.** (Attach additional sheets if necessary.)

1.	Have you graduated from high school or attained high school graduation equivalency? <b>If yes, give details below.</b>  Name of High School: <input style="width: 95%; height: 25px;" type="text"/>  Date of Graduation: <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  Location (city, state, country): <input style="width: 95%; height: 25px;" type="text"/>  <b>OR</b> Granting Agency: <input style="width: 95%; height: 25px;" type="text"/>  Date High School Equivalency Obtained: <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**ANSWER THE FOLLOWING QUESTIONS.** (Attach additional sheets if necessary.)

2.	Are you familiar with the state health laws and rules and regulations of the Wisconsin Department of Health Services regarding communicable diseases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you <u>ever</u> failed to pass any state or national board accrediting examination in the field of Massage Therapy or Bodywork Therapy, including but not limited to the NCBTMB exams, MBLEx, NCCAOM (this does not include examinations taken solely as part of a Massage Therapy and Bodywork Therapy education program)? <b>If yes, provide details.</b> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever surrendered, resigned, canceled, or been denied a professional license, or other credential in Wisconsin, or any other jurisdiction? <b>If yes, give details on an attached sheet, including the name of the profession and the agency.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Has any governmental credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? <b>If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is disciplinary action pending against you in any jurisdiction? <b>If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? <b>If yes, submit Convictions and Pending Charges (Form #2252).</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are you incarcerated, on probation, or on parole for any conviction? <b>If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have any suits or claims ever been filed against you as a result of professional services? <b>If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition and complete Malpractice Suits or Claims (Form #2829).</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Are you registered or licensed in any other profession(s)? <b>If yes, state what profession(s) and in what state(s):</b> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Have you ever been credentialed under any other name(s)? <b>If yes, state name(s) credentialed under:</b> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**For the purposes of these questions, the following phrases or words have the following meanings:**

"Ability to practice Massage Therapy or Bodywork Therapy" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned Massage Therapy or Bodywork Therapy judgments and to learn and keep abreast of Massage Therapy or Bodywork Therapy developments; and
2. The ability to communicate those judgments and Massage Therapy or Bodywork Therapy information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform Massage Therapy or Bodywork Therapy tasks, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, Cerebral Palsy, epilepsy, Muscular Dystrophy, Multiple Sclerosis, cancer, heart disease, Diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical Substances" is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years.**

"Illegal use of Controlled Dangerous Substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances, which are not obtained pursuant to a valid prescription, or not taken in accordance with the directions of a licensed health care practitioner.

**ANSWER THE FOLLOWING QUESTIONS.** (Attach additional sheets if necessary.)

12.	Do you have a medical condition, which in any way impairs or limits your ability to practice Massage Therapy or Bodywork Therapy with reasonable skill and safety? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Does your use of chemical substance(s) in any way impair, or limit your ability to practice Massage Therapy or Bodywork Therapy with reasonable skill and safety? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Wisconsin Department of Safety and Professional Services

**ANSWER THE FOLLOWING QUESTIONS.** (Attach additional sheets if necessary.)

14.	Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Are the limitations or impairments caused by your medical condition reduced, or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Have you ever been diagnosed as having, or have you ever been treated for pedophilia, exhibitionism, or voyeurism? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Are you currently engaged in the illegal use of controlled dangerous substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	If yes, are you currently participating in a supervised rehabilitation program or professional assistance program, which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CERTIFICATION OF LEGAL STATUS**

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

**CONTINUING DUTY OF DISCLOSURE**

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

**AFFIDAVIT OF APPLICANT**

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature:  Date:  /  /