



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Massage Therapy**  
110 Centerview Dr. • Columbia • 29210  
P.O. Box 11329 • Columbia • SC 29211-1329  
Phone: 803-896-4588 • Contact.Massage@llr.sc.gov • Fax: 803-896-4484  
llr.sc.gov/mas

## REINSTATEMENT OF MASSAGE THERAPY LICENSE APPLICATION

### [Massage Therapy Practice Act](#)

To reinstate your lapsed massage therapy license, proof of twelve (12) continuing education hours needs to be submitted.

A license that has lapsed for more than one year shall be automatically cancelled if an application for reinstatement has not been submitted. A new license will need to be applied for in accordance with current statute and regulations which includes passing the MBLEx for re-entry into the profession.

#### **Include with this application:**

- Check or money order in the amount of \$210 made payable to SC Board of Massage Therapy. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds. Application fees are non-refundable.
- Copy of your valid Driver's license, State-issued ID, Passport, or Federal-issued ID
- Copy of Social Security Card
- 2x2 Passport-type photo (taken less than 6 months ago)
- Notarized Verification of Lawful Presence (attached)
- **VERIFICATION OF LEGAL NAME:** A license must be issued in the applicant's legal name as verified by a birth certificate or other legal document acceptable to the board. Examples of acceptable documents include a valid passport, vital statistics birth certificate (not hospital birth certificate), marriage certificate, divorce decree or court order approving legal name change.

**Effective January 1, 2024**, all applicants applying for a license with the SC Board of Massage Therapy will be subject to a state and national fingerprint criminal background check.

In addition to other requirements established by law and to determine an applicant's eligibility for initial licensure as a massage therapist, state law requires a state criminal records check by the South Carolina Law Enforcement Division and a national criminal records check by the Federal Bureau of Investigation.

#### **CRIMINAL BACKGROUND CHECK (CBC) PROCESS**

The fingerprint criminal background checks are required pursuant to § 40-30-110 of the SC Massage Therapy Practice Act. Instructions for the fingerprint process will be sent to applicants after their applications for licensure are received by the SC Board. **DO NOT** have your fingerprints or CBC report processed until you have submitted an application and received instructions from the board.

#### **APPLICANT INFORMATION**

Name as shown on license: \_\_\_\_\_ License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street (physical address required) City State Zip

Mailing Address (If different than above): \_\_\_\_\_  
Street/PO Box City State Zip

Telephone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address (Required): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Female Male  
For statistical purposes only

## PERSONAL HISTORY QUESTIONS

If you answer "yes" to any of the below questions, you must attach a full written explanation pertaining to that particular question.

1. Since the date of your last renewal or initial application, have you had a professional or occupational license denied, suspended, revoked or surrendered or have you been disciplined by the licensing authorities in this state or any state or jurisdiction? Yes      No
2. Since the date of your last renewal or initial application, have you been convicted of or pled guilty to or nolo contendere to solicitation or prostitution, assault and battery, or other like offenses; to money laundering or other like offense; to a crime that directly relates to the practice or ability to practice massage therapy; or to a violent crime as defined in Section 16-1-60, a felony that directly relates to the practice or ability to practice massage therapy during the previous five years, or a felony that reasonably relates to the ability to practice massage therapy and for which an essential element is dishonesty during the previous seven years. Yes      No

If yes, have a statewide background check from the state in which the conviction occurred mailed directly from the state law enforcement agency to the SC Board of Massage Therapy. Attach a certified copy of the court records regarding your conviction, the nature of the offense, and date of discharge. If applicable, have a statement from the probation or parole officer sent directly to the Board.

3. Since the date of your last renewal or initial application, have you sustained a physical or mental disability, as determined by a physician that renders practice of massage therapy dangerous to the public? Yes      No

## ATTESTATION AND SIGNATURE

I, \_\_\_\_\_, am the person described and identified and the person named in all documents presented in support of this application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under oath and under penalty of perjury that all statements made by me herein are true and correct.

Should I furnish any false, incomplete, or misleading information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice massage therapy in South Carolina.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

Print Name of Notary: \_\_\_\_\_

For the State of: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Attach recent full face  
passport size photo here  
"2 x 2"  
(Less than 6 months old)

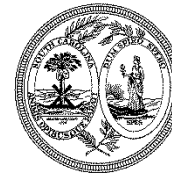
## **PRIVACY DISCLOSURE**

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.



STATE OF SOUTH CAROLINA  
DEPARTMENT OF LABOR, LICENSING AND REGULATION  
**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES**  
**AFFIDAVIT OF ELIGIBILITY**



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

**Section A: LAWFUL PRESENCE in the United States.**

The undersigned \_\_\_\_\_, of \_\_\_\_\_  
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)  
being first duly sworn deposes and states as follows:

**Check only one box:**

1. I am a United States citizen; or
2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. Other: \_\_\_\_\_ Please submit any documentation that supports this status.

Date of Birth: \_\_\_\_\_

Alien Number: \_\_\_\_\_ I-94 Number: \_\_\_\_\_

**(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)**

**Section B: ATTESTATION.**

**I understand** that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

**I understand** that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

**I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.**

\_\_\_\_\_  
Signature of Affiant

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

### **CHECK box 1:**

If you are a United States Citizen by birth or naturalization

### **CHECK box 2:**

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **CHECK box 3:**

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **ACCEPTED IMMIGRATION DOCUMENTS:**

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)