



South Carolina Department of Labor, Licensing and Regulation
South Carolina Massage/Bodywork Therapy Panel

P.O. Box 11329 • Columbia, SC 29211-1329
Phone: 803-896-4588 • Fax: 803-896-4484
www.llr.state.sc.us/POL/MassageTherapy/



MASSAGE/BODYWORK THERAPIST APPLICATION

Check or money order in the amount of \$150 (non-refundable) made payable to SC Massage/Bodywork Therapy Panel

When you provide a check as payment, you authorize us to use information from the check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction.

Submit with your application:

- ❖ Copy of Social Security Card
❖ Copy of Driver's license, State issued ID, or Passport
❖ 2x2 passport sized photo
❖ Copy of legal name change document (marriage license, divorce decree, etc)
❖ Copy of current massage/bodywork license; this does not serve as a substitute for the verification needed. (if applicable)
❖ A Copy of a High School Diploma or high school transcript or Graduate Equivalency Diploma (GED)
❖ Copy of either having passed the National Certification Examination (NCE) or the Federation of States Examination (MBLex). Copy must reflect numeric score. Note: After November 1, 2014, the NCE will no longer be offered.

Have sent directly to our office:

- ❖ Verification of current licensure mailed directly from the State Board (if applicable)
❖ Official massage/bodywork therapy transcript indicating total number of hours completed. If mailed in or hand delivered by the applicant, must be in original, sealed envelope.

I HEREBY MAKE APPLICATION for licensure as a massage/bodywork therapist in the state of South Carolina and submit for consideration the following proofs as required by the South Carolina laws governing the practice of massage/bodywork therapy.

I UNDERSTAND that any omissions, inaccuracies or failure to make disclosures may be deemed sufficient reason to deny a license or suspend or revoke a license if issued by the Agency. I also understand that the Agency may investigate or make inquiries concerning my record or background, and I agree to furnish any additional information requested by the Agency and to appear before the Agency or the Panel in person if requested.

Full Legal Name: _____
First Middle Last Maiden

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

Mailing Address: _____
Street/PO Box City State Zip

Telephone #: (H) _____ (W) _____ (C) _____

Email Address: _____ Social Security Number: _____

Date of Birth: _____ Gender: [] Female [] Male

***If you answer "yes" to questions 1-3, you must attach a full written explanation pertaining to that particular question.**

1. Have you ever had a professional or occupational license denied, suspended, revoked or surrendered or have you ever been disciplined by the licensing authorities in this state or any state or jurisdiction? If yes, attach a separate statement giving complete details. [] Yes [] No
2. Have you ever been convicted of or pled guilty to or nolo contendere to a violent crime as defined in S.C. Code Section 16-1-60, within the past 5 years been convicted or pled guilty to or nolo contendere to any felony of any kind, or within the past 7 years been convicted of or pled guilty to or nolo contendere to a felony involving dishonesty? If yes, attach a separate statement giving complete details; submit a statewide criminal background check where the violation(s) occurred and supply court documents. [] Yes [] No

3. 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
4. Did you take the National Certification Examination or the Federation of States exam for massage? (Please supply a copy of the examination score sheet). Yes No
5. Name and address of massage school: _____
6. Do you or have you ever held a license to practice massage in another state? Yes No
If yes, list the state(s) below. If more space is needed, attach the listing to this application.
- State licensed: _____ License number: _____ From (mo./yr.) _____ To: _____
- State licensed: _____ License number: _____ From (mo./yr.) _____ To: _____
- State licensed: _____ License number: _____ From (mo./yr.) _____ To: _____
7. Did you graduate from high school or receive a GED? Yes No

Privacy Act 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.

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 or incomplete 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 (Do not print)

Date

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

Signature of Notary Public

For the State of: _____

My Commission Expires: _____

Attach recent full face
passport size photo
here
"2 x 2"
No copies
Sign and date photo
Do not staple



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

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)