



MBLEx®
MESSAGE & BODYWORK
LICENSING EXAMINATION

MESSAGE & BODYWORK LICENSING EXAMINATION (MBLEx®) APPLICATION

All examination candidates must comply with the policies contained in the
Massage & Bodywork Licensing Examination Candidate Handbook

☐ I have read, understand, and agree to comply with the information in the MBLEx® Candidate Handbook.

APPLICANT INFORMATION

**Required Fields*

First Name*		Middle Name	
Last Name*		Previously Known As	
SSN (no dashes)*		Date of Birth (mm/dd/yyyy)*	
Gender*			

☐ I acknowledge that I will be required to present two acceptable forms of identification at the test site, and that both forms of identification must bear the same name that appears on this application.

MAILING ADDRESS

Number and Street*	
Apartment Number	
City, State, ZIP*	
Country	
Email Address*	
Secondary Email Address	
Phone (no dashes)*	
Secondary Phone (no dashes)	

When you are approved to test, an Authorization to Test (ATT) will be sent to you via email.

To ensure prompt and accurate correspondence, it is important that you update FSMTB® if any of your contact information changes.

EDUCATION

Name of School / Program	
Address, City, State, ZIP, Country	

☐ I acknowledge FSMTB® requires all MBLEx® applicants to request and ensure their massage therapy education program provides verification of their education directly to FSMTB®, and MBLEx® applications are not complete for processing until this verification is received.

Please note, if your school previously verified your education for FSMTB®, you are NOT required to have your school to resubmit verification to us.

☐ I acknowledge I have received the education and training in all subject areas of the MBLEx® Content Outline.

TESTING ACCOMMODATIONS

Do you require accommodations under the Americans with Disabilities Act?

☐ Yes ☐ No

For additional information on requesting testing accommodations, please see the ADA Testing Accommodations Handbook at <https://www.fsmtb.org/mblex/application-process>.

By choosing "Yes" you are requesting testing accommodations. Please complete the information below to continue your request for testing accommodations.

Briefly describe the disability or disabilities that limit/s one or more of your major life activities:

Briefly describe the accommodations you are requesting:

Requests for testing accommodations require the submission of supporting documentation from a qualified, appropriate professional; you can email it to ada@fsmtb.org. Your testing accommodations request will not be complete and you will not be approved for accommodations until documentation from a qualified professional has been received.

By continuing this application, I hereby affirm that I have read, understand and agree to all of the information provided in the ADA Testing Accommodations Handbook and on this application. If the information provided in support of this application is not sufficient, I authorize FSMTB® to obtain additional information from the professionals and educational institutions who treated or evaluated my disability. Additionally, I authorize such professionals and educational institutions to provide the FSMTB® with such clarification and/or further information as needed. The information obtained by this authorization will not be released or disclosed to any person or organization except the referenced parties and any other governmental agency that may be involved in acting upon my request for reasonable accommodations in connection with the massage therapy licensure process. I agree that this authorization shall be valid until cancelled or revoked in writing by me.

I understand that FSMTB® reserves the right to make a final determination as to whether any requested accommodation is warranted and appropriate.

Under penalties of perjury, I declare that the foregoing statements and those in any required accompanying documents or statements are true. I understand that false information may be cause for denial of access to the MBLEx® and other FSMTB® programs and services, invalidation of examination result(s), denial of access to future examination(s), and notice of such actions to FSMTB® membership.

I hereby certify that I personally completed this application and that I may be asked to verify the above information at any time.

☐ I acknowledge that I have read and agree to comply with the above statements.

EXAMINATION LANGUAGE I want to take the MBLEx® in:

☐ English ☐ Spanish

REPORTING EXAMINATION RESULTS

Please list the name of the state(s) that you would like your exam result sent to. Note that your MBLEx® application includes reporting your exam result to one state. For each additional state there is a \$40 fee.

NAME OF STATE(S)

Kansas, Minnesota, and Wyoming do not regulate massage therapy at the state level. If you need your exam result sent to a municipality within one of these states, please complete the fields below.

NAME AND ADDRESS OF MUNICIPALITY

Statements of Acknowledgement

- ☐ *I hereby certify that I completed this application and the information provided herein and in any supporting documentation is true and accurate;*
- ☐ *I acknowledge that I have read and reviewed the Examination Content Outline and attest that I have education and training in the exam content subject areas;*
- ☐ *I submit this application to take the MBLEx® for purposes of obtaining licensure as a massage/bodywork practitioner; I acknowledge and agree that I have read and will abide by all FSMTB® rules, policies and procedures including those contained in the MBLEx® Candidate Handbook and those set forth at the test center;*
- ☐ *I understand and agree that I am prohibited from transmitting any information about the MBLEx® examination questions or content in any form, verbal, written, memorization, electronic or otherwise, to any person or entity;*
- ☐ *I understand that failure to comply with this information transmission prohibition, failure to report any information about suspected violations of FSMTB® rules, policies or procedures, and any cheating by myself or others may result in my exam result being invalidated, future access to FSMTB® programs and services being suspended, and other legal action, including criminal prosecution, may be pursued against me;*
- ☐ *I further acknowledge the application fee is non-refundable and non-transferable and acknowledge the policy applies to all applicants and all circumstances;*
- ☐ *I agree to allow FSMTB® to release my MBLEx® result and necessary demographic information to state licensing entities.*

Signature _____ Date _____

FEES AND PAYMENT

Make payment payable to FSMTB®. Standard personal checks are not accepted. All fees payable in US dollars.

Application	_____ at \$265 =	\$
Additional Exam Result	_____ at \$40 =	\$
Total Payment Enclosed		\$

Payment Type	<input type="checkbox"/> Certified Check/Money Order <input type="checkbox"/> School/Institution Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard				
Credit Card Number					
Expiration Date		CVV		Billing ZIP Code	
Name on Credit Card					
Billing Street Address		City		State	
Cardholder Signature					

11/2023