

INSTRUCTION SHEET

MASSAGE THERAPIST

*Acceptance of Exam
Endorsement of License
Restoration of License*

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

BEFORE COMPLETING THE APPLICATION PACKET, read each of the 4 steps below in the order that they are listed, then follow the directions as they apply to you. This will aid you in accurately completing your application and eliminate any delay in processing. **THE APPLICATION WHICH YOU SUBMIT IS VALID FOR THREE YEARS FROM DATE OF RECEIPT.** If you are issued a license, please be advised that your license will expire on December 31 of each even-numbered year.

- Step 1** Use the **REFERENCE SHEET (CHART I)** to select the appropriate Profession Name, 3-digit Profession Code, Licensure Method and Fee, and record that information in **Part I** (page one) of the **Application for Licensure and/or Examination**.
- Step 2** Proceed with **Part II** (page one) and complete all applicable information requested on all 4 pages of the **Application for Licensure and/or Examination**.
- Step 3** The remainder of this form contains specific instructions for each Licensure Method. Locate the instructions for the Licensure Method you recorded in **Part I** (page one) of the **Application for Licensure and/or Examination** and follow those instructions only.
- Note:* All documents in a foreign language that are required to be submitted with an application or for any other purpose in connection with licensure must be accompanied by an original, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.
- Step 4** If needed, a telephone number for assistance in completing the Application Package is provided on the **REFERENCE SHEET**.

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.

NOTICE

All individuals applying for initial licensure as a massage therapist in Illinois *must* submit to a criminal background check and provide evidence of fingerprint processing from the Illinois State Police, or its designated agent. See attached “**Important Notice--Criminal Background Check Requirement**” for more information concerning this requirement.

EDUCATION

An approved curriculum in massage therapy shall consist of a minimum of 500 clock hours of supervised classroom and supervised hands-on instruction, with “supervised” being defined as a supervisor that is physically on-site, qualified and immediately available.

The minimum required subject matter and activities are:

1. Human anatomy, physiology, pathology and kinesiology.
2. Massage therapy theory, technique and practice, which may include but is not limited to: effleurage/gliding; petrissage/kneading; compression; friction tapotement/percussion; vibration; direct pressure; superficial warming techniques; pumping; stretching; jostling; shaking; rocking.
3. Contraindications, benefits, universal precautions, body mechanics, history, client data collection, documentation, ethics, business and legalities of massage, professional standards including draping and modesty, therapeutic relationships and communications.

Each student must maintain a minimum grade of 70% for all massage therapy related course and clinical work.

LICENSURE BY ACCEPTANCE OF EXAM

All applicants must be at least 18 years of age and of good moral character.

1. Submit an official transcript from an approved massage therapy school showing graduation from a massage therapy program with at least 500 clock hours of instruction. Schools located outside of Illinois must be recognized and authorized to operate in the state where the school is located.

Note: If the sufficiency or accuracy of the course work is question by the Division due to lack of information, discrepancies or conflicts, the applicant may be required to provide additional information and/or appear before the Massage Licensing Board before a decision is made regarding the license.

2. Instruct the Federation of State Massage Therapy Boards (FSMTB) or the National Certification Board for Therapeutic Massage & Bodywork (NCBTMB) to forward an official report of your examination record directly to the Division.
3. Provide evidence of fingerprint processing from the Illinois State Police, or its designated agent as explained in the attached “**Important Notice—Criminal Background Check Requirement**”.
4. If you have ever been licensed as a massage therapist in another state, a Certification by Licensing Agency/ Board (CT) must be submitted to the Division by the state agency or state board in your original jurisdiction of licensure and by the state agency or state board in your current jurisdiction of licensure. State agencies or state boards may submit their own official certification in lieu of submitting the CT.
5. See the attached Reference Sheet for the fee amount. **Fee is non-refundable.** Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.
6. Mail the four-page application, fee payment and supporting documentation to:

Illinois Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
P.O. Box 7007
Springfield, IL 62791

LICENSURE BY ENDORSEMENT

All applicants must be at least 18 years of age and of good moral character.

Note: Applicants applying on the basis of endorsement must hold an active massage therapist license in another state having satisfied licensure requirements that meet or exceed Illinois requirements.

1. Submit an official transcript from an approved massage therapy school showing graduation from a massage therapy program with at least 500 clock hours of instruction. Schools located outside of Illinois must be recognized and authorized to operate in the state where the school is located.

Note: If the sufficiency or accuracy of the course work is questioned by the Division due to lack of information, discrepancies or conflicts, the applicant may be required to provide additional information and/or appear before the Massage Licensing Board before a decision is made regarding the license.

2. Instruct the Federation of State Massage Therapy Boards (FSMTB) or the National Certification Board for Therapeutic Massage & Bodywork (NCBTMB) to forward an official report of your examination record directly to the Division.
3. Provide evidence of fingerprint processing from the Illinois State Police, or its designated agent as explained in the attached **“Important Notice—Criminal Background Check Requirement”**.
4. A Certification by Licensing Agency/Board (CT) must be submitted to the Division by the state agency or state board in your original state of licensure. State agencies or state boards may submit their own official certification in lieu of submitting the CT.
5. A Certification by Licensing Agency/Board (CT) must be submitted to the Division by the state agency or state board in your current state of licensure. State agencies or state boards may submit their own official certification in lieu of submitting the CT.
6. See the attached Reference Sheet for the fee amount. **Fee is non-refundable.** Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.
7. Mail the four-page application, fee payment and supporting documentation to:

Illinois Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
P.O. Box 7007
Springfield, IL 62791

RESTORATION

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

~IMPORTANT NOTICE~

These Restoration Instructions apply only to those massage therapists whose licenses have been on inactive status, or in non-renewed status, for five or more years.

If your license has been inactive, or in non-renewed status, for less than five years, you should contact the Department of Financial and Professional Regulation at 217-782-0458 for detailed instructions on how to restore it to active status.

NOTE: Based upon the Massage Licensing Board's evaluation of your application, you may be required to submit additional documentation and/or appear for oral interview before the Board to determine current competency to practice as a massage therapist. Additionally, you may be required to complete a period of evaluated clinical experience, or successfully complete an examination.

1. Supporting Document **RS** must be completed. If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 217-782-0458.
2. All applicants for restoration of a massage therapist license in Illinois must submit proof of having completed 24 hours of continuing education, including at least 2 hours on ethics, during the 2 years prior to restoration. This must be verified by the submission of certificates of attendance provided by continuing education sponsors approved by the Department of Financial and Professional Regulation, Division of Professional Regulation.
3. You are also required to submit one of the following:
 - a. Certification of current licensure from another state or territory, completed by the appropriate state board. Enclosed find Supporting Document **CT** for this purpose. The licensing agency/board must return Supporting Document **CT** directly to you for inclusion with your application;

and

Verification of active practice in that jurisdiction. Supporting Document **VE-MT** must be completed by the person who supervised you, or if self-employed by a peer or colleague who is familiar with your work;

or
 - b. An affidavit attesting to military service (form DD214).
4. Fee Payment amount is indicated in the Official Use Only Box on Supporting Document **RS**. Fee payment must be in the form of a check or money order and made payable to the Illinois Department of Financial and Professional Regulation.
5. Forward four-page application, all supporting documentation and fee payment to: Illinois Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

LICENSURE METHODS AND DEFINITIONS

Following are definitions of the various methods used in issuing licenses for professionals in the State of Illinois. Some of these licensure methods may not be applicable to your profession. Refer to the enclosed instruction sheet to determine the specific licensure methods/requirements for your profession.

Licensure Methods

Definition

Examination

Applicant has applied or is required to take and pass all or a portion of an exam scheduled and/or given by the Department or a representative of the Department.

Endorsement of License

Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.

Acceptance of Examination

Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.

Restoration

Applicant has previously been licensed in State of Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review.

Grandfather/Waiver

Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).

Non-examination

Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.

REFERENCE SHEET

ALL FEES ARE NONREFUNDABLE

Department reserves the right to change fees if prevailing circumstances necessitate such action.

CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

<u>PROFESSION NAME</u>	<u>PROFESSION CODE</u>	<u>LICENSURE METHOD</u>	<u>APPLICATION FEE</u>
Licensed Massage Therapist	227	Acceptance of Exam	\$175.00
Licensed Massage Therapist	227	Endorsement	\$175.00
Licensed Massage Therapist	227	Restoration	See Supporting Document RS

CHART II - EXAMINATION CODES AND FEES

NOT APPLICABLE FOR LICENSED MASSAGE THERAPISTS
ENTER N/A IN PART VII a) OF
APPLICATION FOR LICENSURE AND/OR EXAMINATION

CHART III - EXAMINATION DATES AND LOCATION

NOT APPLICABLE FOR LICENSED MASSAGE THERAPISTS
ENTER N/A IN PART VII b) OF
APPLICATION FOR LICENSURE AND/OR EXAMINATION

CHART IV - SCHOOL CODES

NOT APPLICABLE FOR LICENSED MASSAGE THERAPISTS
ENTER N/A IN PART VII c) OF
APPLICATION FOR LICENSURE AND/OR EXAMINATION

* * * * * REQUEST FOR ASSISTANCE * * * * *

If assistance is needed, direct your request to one the following telephone numbers:

217/782-8556

Telecommunicative Device for the Deaf (TDD) - **217/524-6735**

Please allow 3 weeks from mailing your application before making an inquiry concerning its status.

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Massage Therapists

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

FOUR-PAGE APPLICATION REVIEW	COMPLETED
Part I. Application Category Information	
Part II. Applicant Identifying Information	
Part III. Education Information	
Part IV. Record of Licensure Information	
Part V. Record of Examination	
Part VI. Personal History Information	
Part VII. Examination Coding Information (if applicable)	
Part VIII. Child Support and/or Student Loan Information	
Part IX. Certifying Statement--Signed and Dated	
SUPPORTING DOCUMENTS	SUBMITTED
Application Fee	
Official transcript from an approved massage therapy school with school seal and signature	
Official exam scores from FSMTB or NCBTMB (requested from entity)	
Criminal background check requested	
Proof of fingerprint submission	
CT Form (<i>original</i> and <i>current</i> jurisdiction) if applicable	
Proof of name change (if applicable)	
RS Form (<i>Note</i> : if restoring)	
Proof of 24 hours of Approved Continuing Education (<i>Note</i> : if restoring)	
Copy of DD214 if restoring from active military service	

All supporting documents *may not be required*. Please refer to application instructions for your specific method of licensure.

PART III: Education Information

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)
 1 2 3 4 5 6 7 8 9 10 11 12 Graduated High School? Yes No Received OR G.E.D.? Yes No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED 3. LAST PRELIMINARY SCHOOL LOCATION (City and State) 4. DATE OF GRADUATION
 _____ / _____ Year

5. COLLEGE OR UNIVERSITY (Circle number of years completed)
 1 2 3 4 5 6 7 8 Graduated? Yes No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE		TYPE OF DEGREE EARNED
		FROM Month/Year	TO Month/Year	

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training? <input type="checkbox"/> Yes <input type="checkbox"/> No
		FROM Month/Year	TO Month/Year	

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

(If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

(If additional space is needed, attach a separate sheet.)

PART VI: Personal History Information <i>(This part must be completed by all applicants)</i>		YES	NO
1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? <i>If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.</i>			
2. Have you been convicted of a felony?			
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>			
4. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>			
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>			
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>			

PART VII: Examination Coding Information <i>(This part is for examination applicants only)</i>													
Refer to the REFERENCE SHEET enclosed with this application package and complete the following:													
a) CHART II - Select examination(s) you desire and enter Test Codes.	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												
b) CHART III - Select the examination site you desire and enter Test Center Code:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td> </tr> </table>												
c) CHART IV - Find your School of Graduation and enter school code:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												
d) Record the number of times you have taken this exam in Illinois or any other state:	<table border="1"> <tr> <td></td><td></td> </tr> </table>												

PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)	
<p>1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.</p> <p>Are you more than 30 days delinquent in complying with a child support order? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>(NOTE: If you are not subject to a child support order, answer "no.")</i></p>	
<p>2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)</p> <p>Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

PART IX: Certifying Statement	
Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.	
_____	_____
Signature of Applicant	Date
<p>I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.</p>	

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFICATION BY LICENSING AGENCY / BOARD

SUPPORTING DOCUMENT

CT

APPLICANT: Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. Contact certifying jurisdiction for appropriate fee. You are authorized to photocopy this form as necessary.

1. NAME LAST FIRST MIDDLE _____ _____ / _____ / _____ <small>Month Day Year</small>	2. DATE OF BIRTH _____ / _____ / _____ <small>Month Day Year</small>	3. SOCIAL SECURITY NUMBER _____ - _____ - _____
4. ADDRESS STREET, CITY, STATE, ZIP CODE _____ _____	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. <div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Profession Name Profession Code </div>	
6. MAIDEN OR GIVEN SURNAME _____	7. APPLICANT TELEPHONE NUMBER (Daytime) Area Code (_____) _____ - _____	
8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable) _____	8b. LICENSE NUMBER (If applicable) _____	8c. ISSUANCE DATE OF LICENSE (If applicable) _____

I hereby authorize _____ to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service, the information requested below.

Name of Licensing Agency or Board

Signature _____ Date _____

RETURN COMPLETED FORM TO APPLICANT

LICENSING AGENCY: The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the certification. Please record N/A in areas which are not applicable.

PART I - CERTIFICATION OF EXAMINATION STATUS

A. The applicant has written is scheduled to write the following examination:

Name of Examination
Date of Examination

B. The applicant has or will have written the above-named examination _____ number of times.

PART II - CERTIFICATION OF LICENSURE

A. NAME OF PROFESSION AS IT APPEARS ON LICENSE _____	B. LICENSE NUMBER _____
C. ISSUANCE DATE OF LICENSE _____	D. EXPIRATION DATE OF LICENSE _____
E. LICENSURE METHOD <input type="checkbox"/> Examination (Administered in Your State) <input type="checkbox"/> National (Name) _____ <input type="checkbox"/> State Constructed _____ <input type="checkbox"/> Other (Name) _____ <input type="checkbox"/> Endorsement of License (State) _____ Acceptance of Examination Results _____ (Administered in Another State) _____	

Reciprocity with (State) _____
 Waiver/Grandfather _____
 Credentials _____
 Other (Describe) _____

F. CURRENT LICENSURE STATUS <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Explain) _____ _____ _____	G. IF LICENSED BY EXAMINATION, RECORD SCORES <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Type of Examination</td> <td style="text-align: right;">Score</td> </tr> <tr> <td>Written</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Practical</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Other (Describe) _____</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Received no Grade Below</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Examination Period _____ days _____ hours</td> <td></td> </tr> </table>	Type of Examination	Score	Written	_____	Practical	_____	Other (Describe) _____	_____	Received no Grade Below	_____	Examination Period _____ days _____ hours	
Type of Examination	Score												
Written	_____												
Practical	_____												
Other (Describe) _____	_____												
Received no Grade Below	_____												
Examination Period _____ days _____ hours													

PART III - CERTIFICATION OF EXAMINATION SCORES

A1. National or other Profession Specific Examination
(Record all available information)

Date of Examination _____

Scaled Score	_____	Raw Score	_____
Standard Deviation	_____	Corrected Score	_____
National Mean	_____	Percent Score	_____

A 2.

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

B. State Constructed Examination

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

PART IV - FORMAL ACTIONS

- A. Is there now or has there ever been any formal action commenced against the applicant? Yes No
- B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? **(If yes, attach a certified copy of disciplinary action.)** Yes No

PART V - RECIPROCAL REGISTRATION

This state does does not grant the same privilege of reciprocal registration to Illinois registrants.

I certify that the information contained herein is true and correct according to the official records of the State.

S E A L	Print Name	Signature
	Title	Date
	Agency/Board Street Address	Area Code ()
	City, State, ZIP Code	Telephone Number

Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.

NAME (Last, First, MI):

SS#

Profession:

IMPORTANT NOTICE

CRIMINAL BACKGROUND CHECK INFORMATION

Individuals applying for licensure for professions that require fingerprints must submit to a criminal background check and provide evidence of fingerprint processing from the Illinois State Police (ISP), or a fingerprint vendor approved by ISP or the Department. **Fingerprints must be taken within 60 days from the date that the application is submitted to the Department or the Department's testing vendor.**

Certifying Statement of Fingerprint Submission Form (FP), or a receipt issued by an approved fingerprint vendor must be submitted with the application and fee. The receipt shall be issued by the vendor at the time that fingerprints are obtained.

- Applicants may contact an approved fingerprint vendor to schedule an appointment for fingerprinting. The ISP will transmit electronic results of fingerprint processing to the Department.
- Out-of-State applicants who are unable to schedule an appointment for fingerprinting through an approved fingerprint vendor must obtain one (1) Illinois State Police (ISP) fingerprint card for processing by the ISP. The ISP will transmit electronic results of fingerprint processing to the Department. To obtain a fingerprint card, please contact the Department at 217-782-8556 or send an email request on your profession page of the Department website at www.idfpr.com. The fingerprint card may be taken to a police department in **another state** to obtain classifiable prints. The fingerprint card and processing fee shall then be mailed to ISP as follows:

Illinois State Police
Bureau of Identification
260 North Chicago Street
Joliet, Illinois 60432-4075

For fingerprint processing fees, please contact ISP at
<http://www.isp.state.il.us/docs/5-727.pdf>
or at the following email address:
BOI_Customer_Support@isp.state.il.us

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 65/1 et.seq. of (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFYING STATEMENT OF FINGERPRINT SUBMISSION

SUPPORTING DOCUMENT

FP-MT

APPLICANT: *This form must be completed by out-of-state residents unable to utilize the livescan process for fingerprinting in the State of Illinois. Attach this certifying statement with the four-page Application for Licensure and/or Examination as proof of having submitted the required fingerprint cards to the proper authorities.*

1. NAME LAST FIRST MIDDLE

2. DATE OF BIRTH

3. SOCIAL SECURITY NUMBER

___ / ___ / ___
Month Day Year

4. ADDRESS STREET, CITY, STATE, ZIP CODE

5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.

6. MAIDEN OR GIVEN SURNAME

Massage Therapist

227

CERTIFYING STATEMENT

Under penalties of perjury, I declare that I, _____, have submitted the required fingerprints pursuant to the Massage Licensing Act and the Rules for the Administration of the Act to the designated agent of the Illinois State Police for processing.

Date: _____

Signature: _____

Livescan Fingerprint Vendors

Certified by the Illinois State Police

Approved by the Department of Financial and Professional Regulation

Information regarding fees may be obtained from the respective vendor.

A-D Background Resources	847/767-7402
St. Charles, IL	www.a-dbackgroundresources.com
A Fingerprinting U S Photo	312/782-8144
Chicago, IL	www.fingerprintingchicago.com
Accurate Biometrics	866/361-9944
Chicago, IL	www.accuratebiometrics.com
AGB Investigative Services, Inc.	773/445-4300
Chicago, IL	www.agbinvestigative.com
American Heritage Protective Services	708/388-7900
Alsip, IL	www.apservices.com
American Security Svcs	708/383-7635
Forest Park, IL	www.americansecurityservices.com
Andy Frain Services, Inc.	630/820-3820, Ext. 13
Aurora, IL	www.andyfrain.com
Anthony's Mobile Fingerprinting, Inc.	312/474-6394
Chicago, IL	www.thefingerprintman.com
AP Private Detective Agency, Ltd.	708/922-3500
Hazel Crest, IL	apprivatedetective@yahoo.com
Argus Services, Inc.	312/377-9441
Chicago, IL	http://argus-services.com
Background Resources, Inc.	630/873-2270
Warrenville, IL	www.backgroundresources.com
Big River Investigations, Inc.	217/228-9114
Quincy, IL	www.bigriversinvestigations.com
Biometric Impressions	630/715-2760
Elmhurst, IL	www.biometricimpressions.com
Browder's Maximum Security Services, Inc.	312/225-7900
Chicago, IL	maxsec@sbcglobal.net
Bushue Human Resources, Inc.	217/342-3042
Effingham, IL	www.bushuehr.com
CLS Background Investigations	815/836-0236
Homer Glen, IL	www.cls-ent.com
DeKalb Police Department	815/748-8400
DeKalb, IL	www.cityofdekalb.com
Digby's Detective and Security Agency, Inc.	312/326-1100, Ext. 1045
Chicago, IL	www.digbysecurity.com
Fact Finders Group, Inc.	708/283-4200
Matteson, IL	www.factfindersgroup.com
Futures in Rehab Management, Inc. (FIRM)	217/753-1190
Springfield, IL	www.verifyinc.com

Livescan Fingerprint Vendors (cont'd)

Gideon's 300 Security Services	708/335-4380
Hazel Crest, IL	www.g300security.com
Guardian Security Services, Inc	708/385-3300
Blue Island, IL	www.guardiansecurityinc.com
InfoTrack	847/444-1177
Deerfield, IL	www.infotrackinc.com
iTouch Biometrics	847/706-6789
Schaumburg, IL	www.iTouchBiometrics.com
Kates Detective Agency	773/436-3788
Chicago, IL	www.securitybgk.com
Kellerman Investigations	618/288-6662
Glen Carbon, IL	www.kellermaninvestigations.com
Kevin W. McClain Inv., LTD	618/532-1152
Central City, IL	www.mcclaininvestigations.com
Meador Investigations	217/732-1585
Lincoln, IL	www.pi-pro.com
Metro Detective Agency	815/230-7970
DeKalb, IL	www.illinoisfingerprinting.net
Metro Enforcement	815/964-9900
Rockford, IL	www.metroenforcement.com
Midwest Professional Investigations	217/224-0757
Quincy, IL	www.mpinv@adams.net
Morpho Trust USA	800-377-2080
Springfield, IL	www.morphotrust.com
Official Fingerprint Provider	312-942-1200
Chicago, IL	www.official1.us
Per Mar Security	563/326-2511
Davenport, IA	www.permarsecurity.com
Peter Lasacco	773/858-7257
Chicago, IL	
Rich Wooten & Associates	773/651-3826
Chicago, IL	rawooten@msn.com
Rockford Detective Agency, Inc.	815/282-2822
Loves Park, IL	rockforddetective.com
Securitas Security Services USA	618/257-2815
O'Fallon, IL	www.securitasinc.com
Security Management Group of America	773/254-1824
Chicago, IL	www.smgamerica.com
The Security Professionals, Inc.	773/581-8181
Chicago, IL	www.secprosinc.com
Trace Identity Services, Inc.	708/754-2900
Chicago Heights, IL	www.traceidentitysi.com
United Security Services, Inc.	312/922-8558
Chicago, IL	www.usesecurity.com
USA Fingerprint Service LLC	708/478-6157
Mokena, IL	www.usafingerprintservice.com