



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

MESSAGE/BODYWORK THERAPIST ENDORSEMENT ELECTRONIC APPLICATION INSTRUCTIONS

An applicant who is seeking licensure by endorsement must be an active massage therapist, in good standing, in another state, District of Columbia or any other United States territory. Verification of passing the Federation of States Examination (MBLEx) or Verification of passing the National Certification Board for Therapeutic Massage and Bodywork Examination taken prior to November 1, 2014.

Effective March 11, 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.

Upload to your application:

- Pay fee of \$200 via electronic check, debit or credit card at the end of the application. The electronic application will not transmit to the board office until payment is submitted. 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
- Notarized Signature Affidavit with Passport-Type Photo (attached)
- 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.

Have the below documentation sent directly to the board office from the issuing institution/agency. It may be mailed or emailed at the above listed address:

- Verification of passing the Federation of States Examination (MBLEx) or Verification of passing the National Certification Board for Therapeutic Massage and Bodywork Examination taken prior to November 1, 2014.
- Verification(s) of licensure from all states or US territories where you are or have been licensed, if applicable. Verifications may be emailed directly from the State Boards to Contact.massage@llr.sc.gov. An active license is required for endorsement purposes.
- TOEFL/TSE scores* (if applicable)

Once your application is submitted electronically, you will receive an email confirming receipt. This may take up to 24 hours.

Applications are processed in the order they are received. Visit <https://eservice.llr.sc.gov/NewAppsV3> to check your application status or to upload additional documentation after submitting.

Applications for licensure are valid for one year from the date of receipt.



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**NOTARIZED SIGNATURE / PASSPORT PHOTO AFFIDAVIT
THIS FORM IS FOR USE WITH ELECTRONIC APPLICATIONS ONLY
DO NOT MAIL IN WITH A CHECK TO BE PROCESSED**

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.

Applicant's Signature: _____ Date: _____

Sworn to and subscribed me this _____ day of _____, 20 _____.

Notary Signature: _____

Print Notary Name: _____

Notary Public for the State of: _____

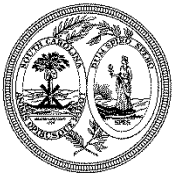
Commission Expiration Date: _____

{Seal}

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

Submit this page by uploading to the online application.

Please note that any illegible documents will not be accepted. If your upload is found to be illegible you will be asked to mail in the supporting document.



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)