



# City of Lawrence

## Bodywork Practitioner License Application

Applicant Information					
Last Name:		First Name:		Middle Name:	Nick Name:
Home Address	Street:			City:	State: Zip:
Home Phone:		Alternate/Business Phone:		E-Mail Address:	Social Security #:
Driver's License/Government issued ID #:				State:	Date of Birth:
List all employment held in the preceding 3 years, if applicable:					
Employer Name:	Employer Address:	Supervisor Name:	Phone:	From:	To:
Employer Name:	Employer Address:	Supervisor Name:	Phone:	From:	To:
Employer Name:	Employer Address:	Supervisor Name:	Phone:	From:	To:
List all core clinical courses taught in the City of Lawrence in the preceding 3 years, if applicable:					
Class:	Program:	Contact Name:	Phone:	From:	To:
Class:	Program:	Contact Name:	Phone:	From:	To:
Class:	Program:	Contact Name:	Phone:	From:	To:
List all jurisdictions in which you have been licensed to practice Bodywork in the preceding 3 years, if applicable:					
Jurisdiction:		License #:		From:	To:
Jurisdiction:		License #:		From:	To:
Jurisdiction:		License #:		From:	To:
Have you had a Bodywork Practitioner License, or similar license or permit, denied, suspended, or revoked by the City or any other jurisdiction in the preceding 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have an outstanding arrest warrant in this or any other jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been convicted, under the laws of the State of Kansas, or any other jurisdiction, of any crime, excluding minor traffic infractions and parking violations? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been convicted, under the laws of the State of Kansas, or any other jurisdiction, of a sexually-related felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you been convicted of any of the following violations in the preceding 3 years?					
A person felony:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
A person misdemeanor:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Any violation of Chapter VI, Article 20:		<input type="checkbox"/> Yes <input type="checkbox"/> No			

**LIST ALL EXPECTED LOCATIONS OF WORK**

Name of Business:	Owner:	Landlord:	
Business Address:	City:	State:	Zip:
E-mail address:	Employer Telephone:	Type of Bodywork provided:	
Name of Business:	Owner:	Landlord:	
Business Address:	City:	State:	Zip:
E-mail address:	Employer Telephone:	Type of Bodywork provided:	
Name of Business:	Owner:	Landlord:	
Business Address:	City:	State:	Zip:
E-mail address:	Employer Telephone:	Type of Bodywork provided:	

I hereby agree to comply with the rules and regulations of the City of Lawrence concerning this license as outlined in Chapter 6, Article 20. I have read the contents of this application and all information and answers herein contained are complete and true.

I authorize the City of Lawrence, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for the license, including authorization for the City to conduct a background check.

- PLEASE INCLUDE:**
- \$75.00 Fee – New
  - \$50.00 Fee – Renew
  - \$50.00 Fee – Currently licensed in another City
  - \$30.00 Fee – Currently licensed in another State
  - Your government issued photo ID to be copied by City staff
  - Certificate of liability insurance
  - Education and Examination requirements
  - Fingerprint card

\_\_\_\_\_  
 APPLICANT'S NAME (Printed)      APPLICANT'S SIGNATURE      TODAY'S DATE



## City of Lawrence

### Checklist for Bodywork Practitioner License Application

Name: \_\_\_\_\_

**Fee:** New - \$75.00       Renewal - \$50       Replacement ID - \$15   
Currently licensed in another City - \$50       Currently licensed in another State - \$30

- Completed application
- Government issued photo ID (to be copied by City staff)
- Certificate of liability insurance
- Fingerprint card

#### **Education and Examination Requirements Provided:**

##### **Massage Therapists**

- Certified transcripts
- MBLex (Massage and Bodywork Licensing Exam), NCE (National Certification Examination) and/or “Board Certification” by NCBTMB.

##### **Structural Integrators**

- Certified transcripts from a Structural Integration school that is recognized by the International Association of Structural Integration.

##### **Other Bodyworker Practitioners**

- Manual Therapy (Trager, Feldenkrais, Mind-Body Centering, Polarity Therapy, and Ortho Bionomy) – transcripts or other documentation adequately showing completion of a minimum 500-hour nationally-recognized Manual Therapy training program.
- Practitioner holding a health care license (CranioSacral Therapy, Lymph Drainage Therapy, and Visceral Manipulation) - transcripts or other documentation adequately showing completion of a minimum of 96 hours of continuing education in a specific Manual Therapy modality.
- Reflexology – transcripts or other documentation adequately showing completion of 30 hours of Anatomy and Physiology, 5 hours of Business Ethics, 56 hours of in-person training, and successful passage of a National Board Certification examination.
- Any person who practices Manual Therapy or any other non-massage Bodywork modality that is not listed herein – transcripts or other documentation adequately showing successful completion of 30 hours of Anatomy and Physiology, 5 hours of Business Ethics, and 56 hours of in-person training.