



TEXAS DEPARTMENT OF STATE HEALTH SERVICES Budget: ZZ121
P.O. BOX 12197 Fund: 105
AUSTIN, TEXAS 78711-2197
(512) 834-6616

DATE \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

FOR: Massage Therapy Instructor License Renewal

To renew your license return this document postmarked on or before the due date with the appropriate fee made payable to the Texas Department of State Health Services. FEES MUST BE PAID IN PERSONAL CHECK, CERTIFIED CHECK OR MONEY ORDER.

LICENSE NUMBER: \_\_\_\_\_

RENEWAL AMOUNT DUE: \$208 (2 Year Term); \$306 if 90 days or less late; \$406 if more than 90 days & less than 1 year late

DATE DUE BY: \_\_\_\_\_

You have one year after your expiration date to renew. If you do not renew within this year, you may obtain a new license by reapplying under the current rules.

Please update the following information if incorrect:

ADDRESS CORRECTIONS: HOME PHONE:(\_\_\_\_)\_\_\_\_ -

List the massage therapy school where you are currently instructing massage therapy. If you are not currently instructing, please show n/a.

Name of School \_\_\_\_\_ Work Telephone \_\_\_\_\_
School Address \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_
City, State, Zip \_\_\_\_\_
Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_
(MM/YY) (MM/YY)

If yes to either question, give date and attach a copy of the charges and disposition papers.

- (1) Have you been convicted of a felony or misdemeanor since your last renewal? YES (\_\_\_\_) NO(\_\_\_\_)
(2) Have you entered a plea of nolo contendere, entered a plea of guilty, or received deferred adjudication for a felony since your last renewal? YES (\_\_\_\_) NO(\_\_\_\_)

Discovery of criminal conviction information not disclosed may result in denial of your license and disclosure of discovered information to other licensing boards.

NOTE: If your name has changed, submit a copy of the legal name change document.

I hereby attest that all information I have provided is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_