

Florida Department of Health - Board of Massage Therapy

LICENSE RENEWAL NOTICE

Active Massage Therapist License # MA expires August 31, 2007.

The fee of \$155.00 and the renewal notice must be postmarked on or before August 31, 2007. Renewal notices postmarked on or after September 01, 2007 require renewal and delinquent fees of \$305.00.

CURRENT MAILING ADDRESS:

This address will be used for all correspondence from the Department of Health.

CURRENT PRACTICE LOCATION:

This address will be printed on your license and posted on the Internet.

CHANGE OF LICENSE STATUS:

I wish to change my status from active to inactive. The fee for an inactive receipt is \$155.00. The fee for inactive after August 31, 2007 is \$355.00.

CHANGE TO MILITARY ACTIVE STATUS:

I am requesting Military Active Status. (You must submit proof of active military duty. Attach a copy of your current active duty orders or a letter from your Commanding Officer.) The fee for military active is \$00.00.

CHANGE TO RETIRED STATUS:

I am requesting retired status. The fee for retired status is \$55.00 postmarked on or before August 31, 2007. The fee for retired status on or after September 01, 2007 is \$255.00.

PLEASE DO NOT TEAR HERE. RETURN ENTIRE FORM IF RENEWING BY U.S. MAIL.

DISPENSING:

This profession does not dispense.

If you are renewing to active status, would you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster? Yes

THERE ARE TWO RENEWAL METHODS AVAILABLE:

A. Online Renewal: Visit www.flhealthsource.com go to the Practitioner Logon box, select your profession and enter your Account ID and password. If you are requesting a status change, you will be ineligible to renew your license online. The system will be available for renewals until midnight, Eastern Standard Time (EST), August 31, 2007. To use the online system, you will need the following information:

Account ID: Password:

(Note: Account Id and Password must be entered exactly as they appear.)

The online system will allow practitioners to update their address, profile, and to confirm licensee information maintained by the Department. Practitioners will receive a temporary license upon successful renewal before logging out of the system.

B. U.S. Mail: Mail completed form and fee payable to the Department of Health to the following address:

Department of Health, Division of Medical Quality Assurance, PO Box 6320, Tallahassee, FL 32314-6320

CHANGE OF MAILING ADDRESS:

CHANGE OF PRACTICE LOCATION (can not be a PO Box):

City State Zip Phone

City State Zip Phone

CHANGE OF NAME (Attach legal documentation. For more information, please see the back of this form):

Last First Middle Title Suffix Qualifier

By submitting the appropriate renewal fees to the Department, I certify compliance with all requirements for renewal. I am responsible for knowing these requirements as set forth in the laws and rules that govern my profession.

A licensee who remains on inactive status for more than two consecutive biennial licensure cycles and who wishes to reactivate the license may be required to demonstrate the competency to resume active practice by sitting for a special purpose examination or by completing other reactivation requirements.

Profession Code: 1401 Rank Code: MA

Department of Health
Division of Medical Quality Assurance
Licensure Services
P.O. Box 6340
Tallahassee, FL 32314-6340

**OTHER INFORMATION:**

The Florida Department of Health electronically tracks continuing education required of you for your renewal. For more information, please call **1-877-434-6323** or visit the CE Broker website at [www.CEBroker.com](http://www.CEBroker.com)

**CHANGE OF NAME:**

Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license (marriage license must indicate the original signature and seal from the clerk of the court), a divorce decree indicating restoration of your maiden name, or a court order (e.g., adoption, name change, or federal identity change). Any one of these will be accepted unless the department has a question about the authenticity of the document. A driver's license or social security card is not considered legal documentation. **If the name change cannot be completed, your license will be renewed using the current name.**

**MORE HELP:**

Go to [www.flhealthsource.com](http://www.flhealthsource.com) to obtain additional renewal information.

Avoiding complaints can protect your clients and your ability to practice. Go to [www.doh.state.fl.us/mqa/avoid.html](http://www.doh.state.fl.us/mqa/avoid.html) to find out more.