

Florida Department of Health - Board of Massage Therapy

LICENSE RENEWAL NOTICE

Active Massage Establishment License # MM

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 \$230.00.

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: Not Applicable

CHANGE TO MILITARY ACTIVE STATUS: Not Applicable

CHANGE TO RETIRED STATUS: Not Applicable

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

DISPENSING: Not Applicable

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: Not Applicable

CHANGE OF PRACTICE LOCATION: Not Applicable

City State Zip Phone

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CHANGE OF NAME: Not Applicable

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.

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Profession Code: 1402 Rank Code: MM

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

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**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.