



## TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

### MESSAGE THERAPIST LICENSE RENEWAL APPLICATION INSTRUCTIONS

**DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER. DO NOT SEND CASH.**

1. NAME – Provide your legal name in the spaces provided. (Last Name, First Name, Middle Name, Suffix)  
Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. LICENSE NUMBER – Enter your current license number.
3. DATE OF BIRTH – Provide your birthdate.
4. PHONE NUMBER – Provide a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
5. EMAIL ADDRESS – Indicate your email address only if you agree to the following statement. By providing my email address I authorize the Texas Department of Licensing and Regulation (TDLR) to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
6. MAILING ADDRESS – Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. Add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
7. HUMAN TRAFFICKING PREVENTION TRAINING – Licensees are required to complete a human trafficking prevention training course in order to renew their license. Licensees must comply with the training requirement each time they renew on or after September 1, 2020. Do not submit the renewal application until you have completed the required training. For more information on the training, visit our [Human Trafficking Prevention Training for Health Care Practitioners](#) page.
8. CONTINUING EDUCATION - Licensees must successfully complete at least twelve (12) hours of approved continuing education per license term.
9. CRIMINAL HISTORY – Indicate if you have ever been convicted of or placed on deferred adjudication for any Misdemeanor or Felony, other than a minor traffic violation since your last renewal. If YES, complete and attach a [Criminal History Questionnaire PDF](#) for each offense.  
**REQUIRED FOR ALL RENEWALS: Fingerprinting:** All licensee's must submit fingerprints for a national criminal history record review. The licensee is responsible for paying the fee associated with this review to the fingerprint service vendor used by Texas Department of Public Safety. Once your completed renewal application is received by TDLR, instructions on how to schedule an appointment to be fingerprinted will be emailed to you. Be sure your email address is current and legible to receive the fingerprinting information. To be eligible for license renewal, you must successfully pass a criminal history background check.
10. STATEMENT OF APPLICANT - Carefully read the statement before signing and dating your application.

### **REQUIREMENTS FOR RENEWING A LICENSE**

- Submit \$75 Renewal Fee
- Complete an approved Human Trafficking Prevention Training Course. Licensees must comply with the training requirement for each license renewal.
- Complete all applicable required continuing education. Licensees must successfully complete at least twelve (12) hours of approved continuing education per license term.

### **LATE FEE REQUIREMENTS**

- A person whose license has been expired for 90 days or less may renew the license by paying to the department a renewal fee that is equal to 1-1/2 times the normally required renewal fee.
- A person whose license has been expired for more than 90 days but less than 18 months may renew the license by paying to the department a renewal fee that is equal to two times the normally required renewal fee. On approval by the executive director, a person whose license has been expired for at least 18 months but less than three years may renew the license by paying to the department a renewal fee equal to two times the normally required renewal fee.

### **SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:**

TDLR  
P.O. Box 12157  
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the [TDLR website](#). You can request assistance or submit required attachments via [TDLR webform](#). You may contact Customer Service Representatives by calling (800) 803-9202 (in state only) or (512) 463-6599; Relay Texas -TDD (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).

### **TDLR Public Information Act Policy:**

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



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## MESSAGE THERAPIST LICENSE RENEWAL APPLICATION

**RENEWAL FEE: \$75 (FEE IS NON-REFUNDABLE)**

This completed form must be accompanied by all required documents and the application fee.

**1. Name:**

Last

First

Middle

Suffix

**2. License Number:**

**3. Date of Birth:**

**4. Personal Phone Number:**

MM/DD/YYYY

(Area Code) Phone Number

**5. Email Address:**

Ex: johndoe@gmail.com See Instruction Sheet for Disclosure Information

**6. Mailing Address:**

Street Number & Name Apt/Bldg/Ste #

City

State

Zip Code + 4

**7. Have you completed the required human trafficking prevention training course for this renewal?** Yes No

**8. Have you completed the required continuing education?** Yes No

**9. Have you been convicted of or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation since your last renewal?** Yes No

If YES, complete and submit a Criminal History Questionnaire (CHQ) for each offense.

[See instructions sheet for more information](#)

### 10. STATEMENT OF APPLICANT

I certify that I will comply with all applicable laws and rules related to my licensed occupation or profession. I further certify that all information I have provided is true and correct. I understand that providing false information may result in denial of this application and/or revocation of the license.

Signature of Applicant

Date