



MESSAGE & BODYWORK LICENSING EXAMINATION (MBLEX®) APPLICATION

All examination candidates must comply with the policies contained in the
Massage & Bodywork Licensing Examination Candidate Handbook

*Required Fields

☐ I have read, understand, and agree to comply with the information in the MBLEX Candidate Handbook.*

APPLICANT INFORMATION

First Name*		Middle Name (optional)	
Last Name*		Date of Birth*	
Social Security Number*		Gender*	

☐ I acknowledge that I will be required to present two forms of identification at the test site, and that both forms of identification must match the name that appears on this application.*

MAILING ADDRESS

Street Address*	
Address Line 2	
City, State, ZIP*	
Country	
Email Address*	
Phone*	

When you are approved to test, an Authorization to Test (ATT) will be sent to you via email.

To ensure prompt and accurate correspondence, it is important that you update FSMTB® if any of your contact information changes

EDUCATION

Name of School / Program*	
Address, City, State, ZIP, Country*	

EXAMINATION LANGUAGE

I want to take the MBLEX in:* ☐ English ☐ Spanish

TESTING ACCOMMODATIONS

Do you have a diagnosed disability that may qualify for testing accommodations under the Americans with Disabilities Act?*

☐ Yes ☐ No

For additional information on requesting testing accommodations, please see the ADA Testing Accommodations Handbook at fsmtb.org/examination-accommodations.

If you choose "Yes," you are requesting testing accommodations and will be required to complete the "Testing Accommodations Details" Page of this application.

TESTING ACCOMMODATIONS DETAILS

NOTE: You only need to complete the information on this page if you are requesting testing accommodations. If you are not requesting testing accommodations, skip to the “Reporting Examination Results” section.

Briefly describe the disability or disabilities that limit(s) one or more of your major life activities:

Briefly describe the accommodations you are requesting:

REQUIRED DOCUMENTATION FOR TESTING ACCOMMODATIONS

Requests for testing accommodations require the submission of supporting documentation from a qualified, appropriate professional that must:

1. State the diagnosed disability
2. Describe the specific accommodation(s) requested
3. Fully explain the current functional limitations resulting from the disability on the applicant’s daily life
4. Explain any treatments or measures taken to mitigate its impact
5. Appear on official letterhead and be signed by the evaluator or professional qualified to make the diagnosis (including information about licensure, certification, credentials, and area of specialization)

Please note that there are time-related requirements for all evaluation documentation to be considered current:

Diagnosis	Acceptable Age of Documentation
Mental health conditions (bipolar disorder, depression, PTSD, GAD, etc.)	One (1) year or less
Attention deficit disorders (ADD / ADHD)	Three (3) years or less
Learning disabilities (cognitive, auditory, or visual processing disorders)	Five (5) years or less
Permanent disorders (physical or sensory related – visual impairment, hearing loss)	Record of permanent disability required

For additional information on the documentation requirements, please see the [MBLEx Testing Accommodations Handbook at fsmtb.org/examination-accommodations](https://fsmtb.org/examination-accommodations).

Supporting documentation for testing accommodations requests can be emailed to ada@fsmtb.org.

TESTING ACCOMMODATION AUTHORIZATION AND RELEASE

☐ I authorize each treating practitioner listed herein to release to and discuss with FSMTB all information about me, my disability(ies), and testing accommodations described in this request. I authorize FSMTB to obtain additional information from each treating practitioner to evaluate this request for testing accommodations. I attest that the information in this request and those statements made in any documents accompanying this request are true, correct, complete, and that I agree to verify information upon request by FSMTB.

REPORTING EXAMINATION RESULTS

Please list the name of the state that you would like your exam result sent.*

**Your MBLEx application includes reporting your exam results to one jurisdiction, free of charge. To have your results sent to an additional location, you will need to submit an MBLEx Result Transfer Form AFTER you have taken the MBLEx.*

NAME OF STATE

NOTE: Kansas, Minnesota, Vermont, and Wyoming do not currently regulate massage therapy at the state level. If you wish to have your MBLEx result sent to a municipality within one of these states, please complete the field below.

NAME AND ADDRESS/EMAIL ADDRESS OF MUNICIPALITY

STATEMENT OF ACKNOWLEDGEMENT

By submitting this application and paying the nonrefundable application fee, I attest and agree to the following to obtain access to the MBLEx:

- I completed this application and the information provided herein and in any supporting documentation is true and accurate;
- I submit this application for the purpose of obtaining licensure as a massage/bodywork practitioner;
- I understand that the application fee is non-refundable and non-transferable and understand the consequences of credit card chargebacks;
- I meet the requirements stated in the Massage Education Policy;
- I will abide by all FSMTB rules, policies, and procedures including those contained in the MBLEx Candidate Handbook and those at the test center, including all security procedures regarding biometric identification;
- I will not record, disclose, or transmit any information about the examination content, questions, or answer choices in any form (verbal, written, memorization, electronic, or otherwise) to any person or entity either before, during, or after the examination; and
- I authorize FSMTB to release my MBLEx result and necessary demographic information to licensing boards/agencies, accrediting authorities, or other government entities.

☐ *I agree that violating these terms, violating FSMTB or test center policies, or cheating on the exam may lead to invalidation of my MBLEx result, suspension from access to FSMTB programs and services, or other legal action including criminal prosecution. **

Signature _____

Date _____

FEES AND PAYMENT

Make payment payable to FSMTB. Standard personal checks are not accepted. All fees payable in US dollars.

Application	_____ At \$265 =	\$ _____
Total Payment Enclosed	_____	\$ _____

Payment Type	<input type="checkbox"/> Certified Check/Money Order <input type="checkbox"/> School/Institution Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard				
Credit Card Number					
Expiration Date		CVV		Billing ZIP Code	
Name on Credit Card					
Billing Street Address		City		State	
Cardholder Signature					

3/2025