

Be advised that you do not need to complete this form if you have submitted an MBLEx Application, or another Result Transfer Form in the past three (3) months that lists the same state.

MBLEx CANDIDATE INFORMATION					
*Denotes a required field					
*NAME	FIRST		M.I.	LAST	
*NAME AT TIME OF TESTING (if different from above)					
*DATE OF BIRTH		MM	DD	YYYY	*SSN # <input type="text"/>
*MAILING ADDRESS		NUMBER & STREET <input type="text"/>			
CITY <input type="text"/>		STATE <input type="text"/>		ZIP <input type="text"/>	
*EMAIL ADDRESS <input type="text"/>		*DAYTIME PHONE <input type="text"/>			
SEND MBLEx RESULT TO					
Section A.					
STATE LICENSING BOARD/AGENCY – official result – please list name of state only					
1. <input type="text"/>					
2. <input type="text"/>					
LOCAL JURISDICTIONS – official result to cities in Kansas, Vermont, Minnesota, or Wyoming Please provide address or email address for local jurisdiction recipient					
1. <input type="text"/>					
2. <input type="text"/>					
Section B. OTHER RECIPIENT (unofficial result)					
NAME OF PERSON <input type="text"/>					
NAME OF BUSINESS <input type="text"/>					
CHOOSE ONE METHOD OF DELIVERY					
<input type="checkbox"/> SEND TO MAILING ADDRESS <input type="text"/>					
<input type="checkbox"/> SEND TO EMAIL ADDRESS <input type="text"/>					
FEES					
TOTAL PAYMENT DUE: \$40 per report. Please provide payment information on the next page.					
STATEMENT OF ACKNOWLEDGEMENT					
I authorize the Federation of State Massage Therapy Boards to provide any and all pertinent information regarding my Massage & Bodywork Licensing Examination (MBLEx) result to the jurisdiction/state board/agency/party listed above. I acknowledge and understand that the fee is non-refundable and non-transferable.					
*Candidate Signature <input type="text"/>		*Date <input type="text"/>			

Send MBLEx Result Transfer Form to:

FSMTB | 7300 College Boulevard, Suite 650, Overland Park, KS 66210

FEES

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

Amount Enclosed/Please charge: _____ quantity @ \$40 each = \$ _____

PAYMENT TYPE: Certified Check/Money Order School/Institution Check Visa MasterCard

CREDIT CARD NUMBER _____ - _____ - _____ - _____

EXP. DATE _____ / _____ CVV _____

NAME ON CREDIT CARD _____

BILLING ADDRESS _____

CARDHOLDER SIGNATURE _____

Note: The charge will show on your card statement as *FSMTB Exam Services*. By providing your card information and signing this form, you understand and agree that all fees paid are non-refundable and non-transferable.

INSTRUCTIONS FOR COMPLETING THE MBLEx RESULT TRANSFER FORM

All information must be typed or printed. Illegible requests cannot be processed.

Personal Information

- Indicate first name, middle initial and last name (family/surname).
- Indicate any other name(s) you are or have been known by.
- Indicate your Social Security number.
- Indicate your date of birth (month, day, year).

Official Mailing Address/Contact Information

- Indicate your mailing address and daytime phone number(s) at which you can be reached.
- Indicate your Email address. FSMTB will use this Email address to contact you if we have any questions.
- To ensure prompt and accurate correspondence, it is important that you notify FSMTB immediately if any of your contact information changes. Contact us at mblex@fsmtb.org.

Send MBLEx Result to

- Use Section A** to indicate the State(s) or local jurisdiction to which you want your official MBLEx result sent for licensure purposes. If you want your result sent to more than three States, please attach a separate page.
- Use Section B** to indicate if you wish your unofficial MBLEx result sent to a designated recipient other than a State or local licensing board/agency.

Fees

- Candidates can select ONE State on the MBLEx Application to which their result is sent, free of charge. All subsequent reports request incur a fee of \$40 per report.
- Total payment of \$40 per report is due with this request form, if applicable.
- Payment may be made by credit card (Visa or Master Card only), certified check, or money order.
- Payment information above will be destroyed after processing.

Statement of Acknowledgement

- The MBLEx result is confidential and may only be released with written permission from the candidate. Submission of this form serves as authorization from the candidate to release the information.
- Review the statement of acknowledgement. Sign and date the form.

Submit the completed MBLEx Result Transfer Form and fee to:

FSMTB
7300 College Boulevard, Suite 650, Overland Park, KS 66210

Questions? Call 1.866.962.3926 (1.866.9.MB.EXAM) or Email mblex@fsmtb.org