



Massage & Bodywork Licensing Examination (MBLEx) Result Transfer Form

*Denotes a required field

MBLEx CANDIDATE INFORMATION					
*NAME	FIRST	M.I.	LAST		
*NAME AT TIME OF TESTING (if different from above)					
*DATE OF BIRTH	MM	DD	YYYY	*SS #	
*MAILING ADDRESS	NUMBER & STREET				APT. #
CITY			STATE	ZIP	
*EMAIL ADDRESS					
*DAYTIME PHONE					
SEND MBLEx RESULT TO					
A. STATE LICENSING BOARD/AGENCY					
Attach a separate sheet if listing more than three States <i>(not necessary to provide mailing address for State)</i>					
1.					
2.					
3.					
B. OTHER (Duplicate Report)					
NAME OF PERSON					
NAME OF BUSINESS					
NUMBER & STREET				APT # / SUITE	
CITY			STATE	ZIP	
FEES					
TOTAL PAYMENT DUE \$20 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				*DATE	

Send MBLEx Result Transfer Form to:
 FSMTB

P.O. Box 198748, Nashville, TN 37219 (U.S. Postal Service)

150 Fourth Avenue North, Suite 800, Nashville, TN 37219 (for courier delivery)



Massage & Bodywork Licensing Examination Payment Information and MBLEx Result Transfer Form Instructions

FEES

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

Amount Enclosed/Please charge: _____ quantity @ \$20 each = \$ _____

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

CREDIT CARD NUMBER _____ - _____ - _____

EXP. DATE ____ / ____ CVV _____

NAME ON CREDIT CARD _____ BILLING ZIP CODE _____

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.

Release of MBLEx Result

- You may have your MBLEx result released to a State licensing board/agency, employer or any other third party that you designate. You may also use this form if you wish to request a copy of your MBLEx result for your own records.
- Use Section A to indicate the State(s) to which you want your MBLEx result sent. 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 MBLEx result sent to a destination other than a State licensing board/agency.

Fees

- Candidates receive a report upon completion of the MBLEx at the test center, free of charge. Candidates also selected ONE State on the MBLEx Application to which their result is sent, free of charge. All subsequent requests incur a fee of \$20 per report.
- Total payment of \$20 per report is due with this request form, if applicable.
- Payment may be made by credit card, 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

P.O. Box 198748, Nashville, TN 37219 (U.S. Postal Service)

150 Fourth Avenue North, Suite 800, Nashville, TN 37219 (for courier delivery)

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