

## CCRI Massage Therapy Program MBLEx Exam Transcript Submittal Permission Form

***By completing this form, you are giving CCRI Massage Therapy Program permission to submit your transcript (incomplete or final) to the Federation of State Massage Therapy Boards FSMTB for the purposes of scheduling the MBLEx Exam.***

### Student Information:

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Banner Student ID# \_\_\_\_\_

List any other names used while attending \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### College Information:

Dates of attendance (approx.) \_\_\_\_\_

Certificate Program  Associates Program  (please check one)

Anticipated graduation \_\_\_\_\_

The MBLEx (**Message & Bodywork Licensing Examination**) is governed by the Federation of State Massage Therapy **Boards** FSMTB. It is designed to provide a standard examination for students of Massage for entry-level professional scope of **practice** in gaining licensure.

<https://www.fsmtb.org/mblex/application-process/>

Along with other requirements, the state of Rhode Island requires proof of passing the MBLEx exam to become licensed to practice massage therapy in the state

***I hereby permit CCRI to submit my transcript to the FSMTB to qualify me to take the MBLEx exam***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(required)

Submit this completed form to the CCRI Massage Therapy Program P 401.851.1672 F 401 851-1671

**CCRI Newport County Campus, One John H. Chafee Blvd. Newport, RI 02840**