

If you maintain a current Massage Therapy license in addition to your Chiropractic license and desire coverage for this portion of your practice, please complete the following. All questions must be answered. If you need more space, please attach a separate sheet of paper.

- Please provide a copy of your state issued Massage Therapy License.
- Coverage for this endorsement will be effective only upon receipt of your Request for Coverage and approval by NCMIC.

GENERAL INFORMATION

Name: _____
Last First Middle Initial

Policy Number: _____

Mailing Address: _____
Street

City State Zip

Office Phone: _____ FAX: _____

Home/Cell Phone: _____ Email Address: _____

Your email address will never be sold. It will be used to send you important messages.

MESSAGE THERAPY CERTIFICATION INFORMATION

Name of institution where you received your Massage Therapist training: _____

Designation Received: _____ Years attended: From _____ To _____

Graduation Date: _____ Original License Date: _____

Year you began practicing as a massage therapist: _____

What percent of your practice is massage therapy? _____

List all states where you currently practice as a massage therapist, the license number, date of license expiration and the percent you practice in each:

| LICENSE NUMBER | STATE | EXPIRATION DATE | % OF PRACTICE |
|----------------|-------|-----------------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Please attach a copy of each active license you hold.

If you are a faculty member, please list the Institution(s): _____

Do you discuss and document informed consent prior to treating all patients? Yes No

Do you keep documented records on every visit of all treatment performed on patients, including discussions for follow-up care? Yes No

Continued 

