

*Arkansas Department of Health  
Massage Therapy Section  
4815 West Markham, Slot #8  
Little Rock, AR 72205  
501.682.1448*

# *Certificate of Training*

## Requirements:

APPLICATION PACKET MUST CONTAIN NUMBERS 1-4 BEFORE BEING SUBMITTED TO THE SECTION;  
INCOMPLETE PACKETS WILL BE RETURNED TO APPLICANT.

1. Completed form (attached below) certifying completion of hours at a massage therapy program of at least 500 hours of in-classroom coursework from a department approved massage therapy school or State approved education institution and application of licensure. Curriculum must meet the state required courses as set forth in Arkansas Code 17-86-306.
2. Massage School Diploma – A copy of your massage school diploma.
3. Proof of passing an approved National Examination (see below)
4. Payment – \$105.00 (non-refundable). **The \$105.00 Non-Refundable fee is due at the time you submit the form and the required attachments. The fee and application expire one (1) year after application date.**

# Required Information for Examinations:

## ***National Certification Board for Therapeutic Massage & Bodywork (NCBTMB)***

NCBTMB offers two exams for securing your state license in massage.

The National Certification Examination for Therapeutic Massage (NCETM) and National Certification Examination for Therapeutic Massage & Bodywork (NCETMB) Exams.

Depending on your area of interest, expertise and the requirements, you may choose to take either the NCETM (National Certification Examination for Therapeutic Massage) or the NCETMB (National Certification Examination for Therapeutic Massage & Bodywork).

Both exams--based on your state requirements--may be used to become a licensed massage therapist. The National Certification Board for Therapeutic Massage & Bodywork(NCBTMB)

Toll Free (NCBTMB): 1-800-296-0664

Or send an email to: [info@ncbtmb.org](mailto:info@ncbtmb.org) Website: [www.ncbtmb.org](http://www.ncbtmb.org)

## ***Massage and Bodywork Licensing Examination (MBLEx)***

- The MBLEx is administered by the Federation of State Massage Therapy Boards(FSMTB).
- Applicants must contact the FSMTB directly for MBLEx information or to schedule testing.
- MBLEx Handbook and Application form are available at [www.fsmtb.org](http://www.fsmtb.org).

The Federation of State Massage Therapy Boards (FSMTB)

Toll Free (MBLEx Specific): 866-962-3926

Fax: 615-846-0153

Toll Free (FSMTB): 888-703-7682

Website: [www.fsmtb.org](http://www.fsmtb.org)

email: [info@fsmtb.org](mailto:info@fsmtb.org)

MBLEx specific email: [mblex@fsmtb.org](mailto:mblex@fsmtb.org)

# Contact Information:

Arkansas Department of Health – Massage Therapy Section

Mailing Address:

4815 West Markham, Slot #8  
Little Rock, AR 72205

Physical Address:

4815 West Markham  
Little Rock, AR 72205

Phone: 501-683-1448

website: [www.healthy.arkansas.gov](http://www.healthy.arkansas.gov)

## Arkansas Massage Therapy Law Exam

Once all application materials and associated background checks are received, reviewed and approved, the Massage Section will contact you via e-mail with instruction and link to take the online state law test.

\*If a re-take of the Arkansas Law Exam is necessary, an additional fee of \$25.00 per each re-take exam is required prior to re-testing.

## Arkansas Department of Health Massage Therapy Section Application Fees

License Fee	\$ 80.00
Law Exam Fee	<u>\$ 25.00</u>
<b>Total Fee</b>	<b>\$105.00</b>

Above fees are payable to ADH – Massage Therapy.

All applicants for licensure must complete this form and submit it with the appropriate documentation and \$105.00 **NON- REFUNDABLE** application fee. Failure to complete all parts of the application or omission of required documents will delay the review and process of your application. Payment must be made payable to ADH-Massage Therapy.(Personal checks, cashier’s check, and money order are accepted) **All applications and fees expire one year from application date.**

### Student's Personal Information

Name (First, Middle, Last)			Social Security Number		
Date of Birth		Email Address		Gender	
Cell Phone		Home Phone		Work Phone or Alternate Phone	
Physical Address			Suite/Apt		
City		State	Zip	County	
Mailing Address (If different than Physical Address)			Suite/Apt		
City		State	Zip	County	

### Training Information – Only report the information pertaining to this permit/enrollment period.

School ID		Name of School			City	
Current Month	Hours		Previous Month	Hours		Type of Massage Training
	Days			Days		
Start Date		Date Dropped from Training		In Person Hours Obtained		Apprentice Hours Obtained
Physical Address			Suite/Apt			
Notes:						
<p><b>Disclosure of a social security number by an applicant is mandatory under Ark. Code Ann. §17-1-104(a) which states:</b>  <i>“On and after July 1, 1997, all persons, agencies, boards, commissions, or other licensing entities issuing any occupational, professional, or business license pursuant to titles 2-6, 8, 9, 14, 15, 17, 20, 22, 23, and 27 of the Arkansas Code Annotated shall record the name, address, and social security number of each person applying for such a license.”</i></p>						

### Hour Certification – Only report the hours received during this permit/enrollment period.

Tuition paid in full	Number of Certified Hours	Number of Uncertified Hours	Total Hours Completed
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**Non-Payment of tuition is the only reason to withhold (Uncertified) hours according to law. Instructor or School Owner Hour Certification section. Any person who willfully makes false statements regarding training is subject to disciplinary action before the Massage Therapy Technical Advisory Committee.**

Instructor/School Owner's Printed Name	Signature of Instructor/School Owner	Today's Date
Student's Printed Name	Signature of Student	Today's Date

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

# Affidavit of Applicant with Acknowledgment

(Notarization required)

## Applicant

I, \_\_\_\_\_, the undersigned understand the personal information and fingerprints submitted by ADH, Section of Cosmetology and Massage Therapy are used to search against criminal identification records from both Arkansas Crime Information Center (ACIC) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to ADH, Section of Cosmetology and Massage Therapy. I further understand ACIC and the FBI may also retain the submitted information and fingerprints as Permitted by the Privacy Act of 1974, 5 USC §552a, for routine uses beyond the principal purpose listed above.

I declare and affirm that the statements made in this application, and any accompanying documents, are true, complete, and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Notary

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_, who personally appeared before me.

\_\_\_\_\_  
Notary Public Signature

(SEAL)

\_\_\_\_\_  
Notary commission expiration date