

Lapsed License Application

THE \$218.00 NON-REFUNDABLE FEE IS DUE AT THE TIME YOU SUBMIT THE APPLICATION AND THE REQUIRED ATTACHMENTS. THE FEE AND APPLICATION EXPIRE ONE (1) YEAR AFTER APPLICATION DATE.

These items must be received before applying

1. **Massage School Transcript** – Must be received directly from the massage therapy school administrator, director, or other school official. (If the applicant's transcript is not obtainable from the original school, the applicant shall submit a statement to explain why it may not be obtained.)
2. **National Exam Score** – A copy of your passing MBLEx or one of the two NCBTMB scores sent directly from the testing company to our office.

Applicants should check with our office by emailing adh.message@arkansas.gov to verify these items have been received before applying. (applications sent before these items are received will be returned)

Lapsed License Requirements:

1. Completed Application
2. Identification – Valid **Photo ID** – (Driver License, State Issued ID, Passport, US Military ID);
3. Social Security Card - A copy of your social security card;
4. Proof of Required Education – Copy of High School Diploma and/or Transcript, College Diploma and/or Transcript, or GED;
5. Massage School Diploma – A copy of your massage school diploma;
6. Application Fee -Check or Money Order for \$218.00

Arkansas Massage Therapy Law Exam

- Once all application materials 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. A temporary license will be issued permitting therapists to work at least 90 days while background results are being processed.

Arkansas Department of Health Massage Therapy Section Non-refundable Application Fees

• Application Fee	\$ 75.00
• License Fee	\$ 80.00
• Law Exam Fee	\$ 25.00
• Background Fee	<u>\$38.00</u>
Total Fee	\$218.00

- Above fees are payable to ADH – Massage Therapy.

Contact Information

Arkansas Department of Health – Massage Therapy Section

Mailing Address:

4815 West Markham, Slot #8

Little Rock, AR 72205

Phone: 501-683-1448

Physical Address:

4815 W Markham

Little Rock, AR 72205

Website: healthy.arkansas.gov

Application for Licensure

*All applicants for licensure must complete this form and submit it with the appropriate documentation and \$218.00 **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 check, cashier's check or money orders are accepted) **All applications and fees expire one year from application date.***

Personal Information

Please Type or Print Legibly

Name (First, Middle, Last)			Social Security Number		
Date of Birth		Email Address			
Cell Phone		Home Phone		Work Phone or Alternate Phone	
Mailing Address Suite/Apt					
City		State		Zip County	
Physical Address (If different than Mailing Address) Suite/Apt					
City		State		Zip County	
Disclosure of a social security number by an applicant is mandatory under Ark. Code Ann. §17-1-104(a) which states: <i>“On and after July 1, 1997, all persons, agencies, boards, commissions, or other licensing entities issuing <u>any</u> 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>					

If you have resided in any State other than Arkansas, please list length of residency and address
(Attach additional sheets if necessary)

Previous Address Suite/Apt			How long at previous address		
City		State		Zip County	
Previous Address Suite/Apt			How long at previous address		
City		State		Zip County	

Affidavit of Applicant with Acknowledgment
(Notarization required)

Applicant

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