

**Arkansas Department of Health  
Cosmetology and Massage Therapy Section  
4815 West Markham, Slot #8  
Little Rock, AR 72205  
Phone: (501) 683-1448  
Fax: (501) 682-5640**

**Qualifications and Instruction for Licensure set forth in ACA §17-86-101 also known as the Arkansas Massage Therapy Act;**

***Requirements:***

1. Completed 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. Curriculum must meet the state required courses as set forth in Arkansas Code 17-86-306;
2. Applicant must be 18 years of age or older;
3. Identification - Valid **Photo ID** – (Driver’s License, State Issued ID Card, Passport, or US Military ID)
4. Social Security Card – A copy of your social security card;
5. Education- Copy of High School Diploma and/or Transcript, College Diploma and/or Transcript , or GED;
6. Massage School Diploma – A copy of your massage school diploma;
7. Application – (attached below);
8. Payment – \$216.25 (non-refundable);
9. Massage School Transcript – Must be received directly from the massage therapy school administrator, director, or other school official; ( Note: 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 or other documentation of credentials may be submitted and accepted for licensure at the discretion of the department);
10. Background Checks: All applicants for licensure must receive background checks – The \$36.25 fee for background check processing is now included in the licensure application fee. When the application form is processed, background forms will be e-mailed to you with instructions to begin the process. An additional fee will be charged by the ‘Harvester’ location when supplying your fingerprints, the fee will be paid to them for taking and submitting the fingerprints and is not included in the application fee.

**THE \$216.25 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.**

**APPLICATION PACKET MUST CONTAIN NUMBERS 3-10 BEFORE BEING SUBMITTED TO THE SECTION; INCOMPLETE PACKETS WILL BE RETURNED TO APPLICANT.**

## Required Examinations Information:

### *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)

### *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.

### *Arkansas Department of Health Massage Therapy Section Application Fees*

- Application Fee \$ 75.00
- License Fee \$ 80.00
- Law Exam Fee \$ 25.00
- Background Fee \$36.25
- Total Fee \$216.25

**\*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.**

- 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 West Markham  
Little Rock, AR 72205  
website: [www.healthy.arkansas.gov/cos](http://www.healthy.arkansas.gov/cos)

## Application for Licensure

All applicants for licensure must complete this form and submit it with the appropriate documentation and \$216.25 **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.**

### 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	
Physical Address		Suite/Apt	
City	State	Zip	County
Mailing Address (If different than Physical Address)		Suite/Apt	
City	State	Zip	County
<p><b>Disclosure of a social security number by an applicant is mandatory under Ark. Code Ann. §17-1-104(a) which states: "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 <u>applying for such a license.</u>"</b></p>			

**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	

### Massage Therapy Training

School Name		Number of In-Classroom Hours Completed		
Address		Suite/Apt		
City	State	Zip	County	
Director's Name	Phone	Enrollment Date	Graduation Date	

***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