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;

National Test Scores Required for these States: Delaware, Minnesota, Texas, Vermont, Wyoming, Oklahoma, Maine or California

Out-of-state Active License Transfer Requirements:

1. Applicant must be 18 years of age or older;
2. Identification - Valid **Photo** ID – (Driver's License, State Issued ID Card, Passport, or US Military ID);
3. Social Security Card – A copy of your social security card;
4. Out of State License Verification-An out of state license verification form must be completed and submitted by each State Board or office where you held a massage therapy license, use the following link for form. License verification must come directly from State Entity in which you held or hold licensed.

   https://healthy.arkansas.gov/wp-content/uploads/OOSVerification.pdf
5. All Transcripts must submitted to the department; mailed directly from the school or state.
6. *Certified Licensure Applicants: Must Provide Transcript and National Test Score*
7. Copy of current license.
8. Application – (attached below)
9. Payment - $216.25 (non-refundable)
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 MAY BE DENIED IF APPLICANT HAS ANY DISCIPLINARY ACTIONS AGAINST LICENSE

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 therapist to work at the 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	$36.25
Total Fee	$216.25

- Above fees are payable to ADH – Massage Therapy.

Contact Information

Arkansas Department of Health – Massage Therapy Section

Mailing Address:	Physical Address:
4815 West Markham, Slot #8	4815 West Markham
Little Rock, AR 72205	Little Rock, AR 72205
Phone: 501-683-1448	web: healthy.arkansas.gov

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 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)			
Date of Birth	Email Address		Social Security Number
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: ***"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>."***

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

Licensure Information by State (Include all states where you have ever held a license) (Attach additional sheets if necessary)

State/Department Name			Phone
Address		Suite/Apt	
City	State	Zip	County

Licensure Information by State (Include all states where you have ever held a license)
(Attach additional sheets if necessary)

State/Department Name			Phone
Address		Suite/Apt	
City	State	Zip	County

School Information

School Name		Date of Attendance	Phone
Address		Suite/Apt	
City	State	Zip	County

Have you had any disciplinary action for an Massage License held in any state?

☐ YES ☐ NO If, yes list the state: _____

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.

(SEAL)

_____
Notary Public Signature

_____
Notary commission expiration date