Massage Therapy Establishment Registration Requirements

17 CAR § 52-117. Massage Therapy Establishments

A person or entity shall not establish, maintain, or operate a massage therapy establishment unless the person or entity has registered the massage therapy establishment with the Department of Health.

Required Documents:

- **Completed registration application (see below)**
- **Certificate of good standing from the Arkansas Secretary of State(If applicable)**
- **Business license (City or Municipality)(If applicable)**

Each principal** of the establishment must provide:

- **Legal Name**
- **Massage Therapy License Number (If Licensed)**
- **Copy of Massage Therapy License (If Licensed)**
- **Copy of Valid Government-Issued Photo ID**
- **LLCs- Must provide Operating Agreement**
- **A separate check or money order made out to the Arkansas Department of Health per principal in the amount of $36.25 for the background check.**
- **Criminal Background Check (Instructions will be sent via email after all documentation is received and processed by the Section)**

Licensed Massage Therapist performing or expected to perform services within the registered establishment must provide:(Persons must be licensed in Arkansas to perform services)

- **Legal Name**
- **Copy of Valid Government-Issued Photo ID**
- **Copy of Arkansas Massage Therapy License**
- **Massage Therapy License Number**

** Principal means each owner, member, shareholder, partner, or other person with a financial interest in an entity applying for or holding a massage therapy establishment registration. **

If any information or documentation provided by the massage therapy establishment under subsection (a) of this section changes after initial registration, the massage therapy establishment shall update the department within ten (10) business days of the change

Background Check Information:

A person applying individually or as principal of an entity applying for a massage therapy establishment registration issued by the Department of Health shall apply to the Identification Bureau of the Division of Arkansas State Police for a state and federal criminal background check to be conducted by the:

(A) Identification Bureau of the Division of Arkansas State Police; and
(B) Federal Bureau of Investigation;

(2) The state and federal criminal background check shall:
(A) Conform to applicable federal standards; and
(B) Include the taking of fingerprints;

(3) The applicant shall:
(A) Sign a release of information to the Department of Health; and
(B) Be responsible for the payment of any fees associated with the state and federal criminal background check;

(4) Each applicant who has resided outside of Arkansas shall provide a state and federal criminal background check, including the taking of fingerprints, issued by the state or states in which the applicant resided; and

(5) Results shall be sent directly to the Department of Health from the agency performing the state and federal criminal background check.

(f) The MTTAC may deny, suspend, place on probation, or revoke a license or registration if a licensee, registration holder, or applicant has pleaded guilty or nolo contendere to or been found guilty of any felony listed under Arkansas Code § 17-3-102.

Website https://healthy.arkansas.gov.

MASSAGE THERAPY SECTION
4815 West Markham, Slot 8
Little Rock, AR 72205
(501) 683-1448

MASSAGE THERAPY ESTABLISHMENT REGISTRATION

INSTRUCTIONS: Submit this application and all required documents when registering for an establishment 2 weeks prior to opening. Upon receipt of the Background check results and approved inspection you will receive a certificate of registration to be posted in the reception area.

REGISTRATION MUST BE RENEWED EVERY 2 YEARS FROM THE ISSUE DATE. A RENEWAL NOTICE WILL BE SENT AT TIME OF RENEWAL, BACKGROUND CHECK NOT REQUIRED WITH RENEWAL

Registration is Non-Transferable

Establishment Name					**Telephone Number**
Address Where Establishment Receives Mail	**Suite #**	**City**	**County**	**State**	**Zip Code**
Physical Address of Establishment	**Suite #**	**City**	**County**	**State**	**Zip Code**

Days and Hours Open (Check all that apply and list opening to closing hours)

☐ **Mon** ☐ **Tues** ☐ **Wed** ☐ **Thurs** ☐ **Fri** ☐ **Sat** ☐ **Sun**

Establishments Email Address (Required- application will be returned if left blank)	**Opening Date***

Principle (Owner) Information

Is the owner a corporation? Yes No	If yes, name of corporation:	If no, is owner licensed? Yes No	License Number

Complete the following information regarding the sole principle(s) or corporation president

Last Name*		**First Name***		**Middle Name**
SSN*	**Date of Birth***	**Gender** ☐ **Male** ☐ **Female**	**Race** ☐ **Black** ☐ **White** ☐ **Am. Indian** ☐ **Hispanic** ☐ **Asian** ☐ **Alaskan Native**	

Owner or Corporation Address*	**Suite/Apt. #**	**City***	**County***	**State***	**Zip Code***

Owner or Corporation Email address*	**Owner or Corporation Phone Number***

Has the Owner of the Establishment had a background check within the last year pertaining to your Massage Therapy License?

☐ **Yes** ☐ **No** **If yes please make sure your SSN is legible in the appropriate box above.**

Therapist Information - Include Employees, booth renters or contract laborers

Name of Licensed Therapist (Required)	***License Number*** **
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(For additional Licensed Therapist please attach a separate sheet or use additional form)

Applicant Signature: By signing this registration, I certify that the information provided is correct to the best of my knowledge, and I am the spa/clinic owner or am authorized to act as the owner's agent. Further, I understand that false statements will be sufficient grounds for the Massage Therapy Technical Advisory Committee to take disciplinary action. I have read this form, the laws and the rules and have complied with them during this process. In addition, I agree to close the establishment in the event that the Inspector determines that the establishment is not in compliance with the applicable laws and rules.

Owner's Signature	**Today's Date**