

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

**Application for Upgrade  
2013 – 2015**

Upgrade To:  Master Massage Therapist, \$155.00     Massage Therapy Instructor, \$155.00

Copy of Current License:  Yes     No                      Current and Active:  Yes     No

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Professional Licensure History – Please Check**  
(Attach additional sheets if necessary)

- A) Have you ever been refused a license of certification to practice massage, or any other license or certification, or the renewal thereof, in any state or jurisdiction?     Yes     No
  
- B) Have you had a license or certification of registration to practice massage or any other licensed profession revoked, denied, restricted, suspended or otherwise acted against (including probation, fine, reprimand or surrender license) in a disciplinary proceeding in any state, federal or foreign authority; or have you ever surrendered such credential to avoid or in connection with such action by such authority?     Yes     No
  
- C) Have you ever been convicted of or found guilty of or entered a plea of guilty or nolo contendere to any offense that would constitute a felony or constitute the offense of prostitution, either in this state or the United States?     Yes     No

If you answered yes to any of the above questions you must attach complete details as to jurisdiction (state & county), offense, disposition, license numbers, dates, and relevant circumstances.



- Verification of CEU hours
- Copies of advertising (if a business owner)
- Copy of Current Arkansas License
- Application Fee (\$75.00)
- License Fee (\$80.00) Upgrade to Master Massage Therapist or (\$80.00) Upgrade to Massage Therapy Instructor

**Payment shall be submitted in the form of a Cashier's Check or Money Order payable to ADH – Massage Therapy Section**

#### **Certification of Practical Experience**

I certify that I have completed the 250 hours of practical experience as a:

- Massage Therapist for upgrade to Master Massage Therapist; or
- Master Massage Therapist for upgrade to Massage Therapy Instructor

As stated in the Arkansas State Board of Massage Therapy Law, Act 1461 of 1999; House Bill 1516.

#### **NOTICE**

**Your application must be received at least thirty (30) days prior to the next regularly scheduled Department Meeting. Please submit an original application, all supporting documents along with seven (7) copies of your application and supporting documents.**

**Affidavit of Applicant with Acknowledgment**  
(Must be Notarized)

**Applicant**

I declare and affirm that the statements made in this application, including Certification of Practical Experience 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

License #: \_\_\_\_\_

\_\_\_\_\_  
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