

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

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, Yes No or any other license or certification, or the renewal thereof, in any state or jurisdiction?

- B) Have you had a license or certification of registration to practice massage Yes No 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?

- C) Have you ever been convicted of or found guilty of or entered a plea of Yes No 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?

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.

Checklist of attachments for this upgrade request:

- 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 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 Health Massage Therapy Laws, Act 1020 of 2015.

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