

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

Instructions for Application for Licensure

Qualifications for Licensure

- Meet qualifications as set forth in ACA §17-86-101 also known as the Arkansas Massage Therapy Act;
- Must be at least 18 years of age;
- High School Graduate or GED recipient;
- Medically tested and determined free of infectious tuberculosis (TB);
- All applicants must submit to a criminal background check with the results sent directly to the Arkansas Department of Health Massage Therapy Section from the issuing agency – Applicants with a history of arrests, sanctions, and/or criminal record must see “Criminal History” section for additional information.
- Complete a massage therapy program of at least 500 hours of in-classroom coursework from a Department-accepted massage therapy school or State-approved education institution. 500 hours must meet the state required courses as set forth in Arkansas Code 17-86-306;
- Applicants who graduated from an accredited school of massage therapy outside of Arkansas must see “Out-of-State Applicants” for additional information;
- Pass the MBLEx or NCBTMB and the Arkansas Massage Therapy Law examinations.

Out-of-state Applicants

- Provide Criminal Background Check from state or states previously resided in or Federal Background Check to include the taking of fingerprints (results must be sent to the Arkansas Department of Health Massage Therapy Section from the issuing agency);
- Transcripts must provide detailed course descriptions for consideration of transfer of credits;
- Details of transcripts must be provided by school administrator, director, or other school official;
- Have the **Out of State License Verification** form completed by each State Board where you hold or have ever held a massage therapy license;
- Provide original application plus seven copies of your application including all supporting documentation;
- State Law Course Requirements (*Checklist*)
 - 175 hours of anatomy, physiology, pathology, and contraindications to massage therapy;
 - 225 hours of technique;
 - 25 hours of hydrotherapy, electrotherapy, and heliotherapy;
 - 25 hours of hygiene and infection control;
 - 25 hours of massage therapy law, business management, and professional ethics; and
 - 25 hours of related subjects as approved by the board.

Required Documentation (Checklist)

- Completed Application;
- \$180.00
- Valid Photo ID: Driver's License, State-issued ID Card, Passport, or US Military ID;
- Copy of Social Security Card;
- Copy of High School Diploma and/or Transcript, College Diploma and/or Transcript, or GED;
- TB Test – Must be issued by a qualified medical doctor (excluding Chiropractors) on Official Letterhead, Clinic Form, or Health Card;
- Massage School Diploma;
- Massage School Transcript;
- MBLEx or NCBTMB exam Score Report; and
- Criminal Background Check.

Arkansas State Police Headquarters: Background Checks

Arkansas State Police Headquarters
1 State Police Plaza Drive
Little Rock, AR 72209
Website: <http://www.asp.state.ar.us/>
501-618-8500

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
Website: 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;

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 email: info@fsmtb.org MBLEx specific email: mblex@fsmtb.org

Arkansas Massage Therapy Law Exam

- Please contact our office at 501-683-1448 to schedule an appointment for your law exam;
Arkansas Department of Health
Massage Therapy Section
4815 West Markham
Little Rock, AR 72205

Arkansas Department of Health Massage Therapy Section Application Fees

- Application Fee \$ 75.00
- License Fee \$ 80.00
- Law Exam Fee \$ 25.00
- Total Fees \$ 180.00

***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.**

- Fees are payable to ADH – Massage Therapy.
- **Arkansas Law Exams are administered at the Department on the first and third Tuesday of each month. For candidate information bulletins, deadline dates and examination dates follow the link: healthy.arkansas.gov/exam**

Contact Information

- Arkansas Department of Health – Massage Therapy Section
- | | |
|----------------------------|---|
| <u>Mailing Address:</u> | <u>Physical Address:</u> |
| 4815 West Markham, Slot #8 | 4815 West Markham |
| Little Rock, AR 72205 | Little Rock, AR 72205 |
| Phone: 501-683-1448 | website: www.healthy.arkansas.gov/cos |

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Application for Licensure

All applicants for licensure must complete this form and submit it with the appropriate documentation and \$180 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 Information

Please Type or Print Legibly

Name (First, Middle, Last) _____		Social Security Number	
Date of Birth	Email Address		Driver's License Number & State
Home Phone	Work Phone or Alternate Phone	How long at current address	
Physical Address		Suite/Apt	
City	State	Zip	County
Mailing Address (If different than Physical Address)		Suite/Apt	
City	State	Zip	County
<p>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>"</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	

Personal Background - Please Check

- Are you a US Citizen? If no, list citizenship _____ Yes No
- Are you a permanent Arkansas resident? If no, list city & state _____ Yes No
- Have you ever been licensed or registered to practice massage therapy in another state? If yes, list dates and locations _____ Yes No
- Have you ever worked as a massage therapist without holding a license? If yes, list where and briefly explain circumstances _____ Yes No

Personal Background/Criminal History – Please Check (attach additional sheets if necessary)

- 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
- Have you ever been suspended or expelled from Massage Therapy School? Yes No
- Have you ever had a license or certification of registration to practice massage therapy 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
- Have you ever been convicted of or found guilty of or entered a plea 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.

Educational Background (attach additional sheets if necessary)

School Name	Start Date	End Date
Address Suite/Apt	Total Credits	GPA
City State Zip	County	
Program Name & Brief Description	Diploma, Certificate, Degree Awarded	
School Name	Start Date	End Date
Address Suite/Apt	Total Credits	GPA
City State Zip	County	
Program Name & Brief Description	Diploma, Certificate, Degree Awarded	

Employment (attach additional sheets if necessary)

Business Name		Start Date	End Date
Supervisor/Employer's Name		Phone	
Address	Suite/Apt	Position/Job Title	
City	State	Zip	County
Duties/Job Description			
Business Name		Start Date	End Date
Supervisor/Employer's Name		Phone	
Address	Suite/Apt	Position/Job Title	
City	State	Zip	County
Duties/Job Description			
Business Name		Start Date	End Date
Supervisor/Employer's Name		Phone	
Address	Suite/Apt	Position/Job Title	
City	State	Zip	County
Duties/Job Description			
Business Name		Start Date	End Date
Supervisor/Employer's Name		Phone	
Address	Suite/Apt	Position/Job Title	
City	State	Zip	County

Duties/Job Description			
Business Name		Start Date	End Date
Supervisor/Employer's Name		Phone	
Address	Suite/Apt	Position/Job Title	
City	State	Zip	County
Duties/Job Description			

Personal References (Do not list relatives)

Name		Occupation/Job Title		Years Known
Address		Suite/Apt	Home Phone	
City	State	Zip	Work Phone	
Name		Occupation/Job Title		Years Known
Address		Suite/Apt	Home Phone	
City	State	Zip	Work Phone	
Name		Occupation/Job Title		Years Known
Address		Suite/Apt	Home Phone	
City	State	Zip	Work Phone	

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