

**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 Renewal

You must have completed eighteen (18) hours of Continuing Education (CE) hours prior to renewal of your license. You must fully complete and return the renewal application along with ALL required CE documentation. ALL incomplete renewal packets will be returned and may be subject to late fees and penalties.

Continuing Education (CE) Requirements:

Submit eighteen (18) CE's for renewal. ALL Continuing Education hours submitted for renewal MUST be Department approved. Any renewal submitted with CE's not approved by the Department will be returned to licensee and may be subject to late fees.

A TB Test IS NOT REQUIRED for renewal.

YOU MAY NOT UPGRADE YOUR LICENSE THROUGH RENEWAL. You must complete the Application for Upgrade if you wish to upgrade with all applicable fees.

A LICENSE CANNOT BE ISSUED UNTIL ALL APPLICATION REQUIREMENTS ARE COMPLETE AND ALL FEES HAVE BEEN PAID.

Change of Address:

You are required to notify the Arkansas Department of Health-Cosmetology/Massage Therapy Section in writing of any change to your mailing address, telephone number, or business location. We will not accept any changes by telephone or voicemail. You may send all written requests by US Mail.

Name Change:

Name changes require legal documentation showing the name change. Valid government issued photo identification is required. Please make sure that a **PHOTOCOPY** of the following accompanies the request:

1. Copy of state issued driver's license with current name and address; or
2. Other form of government issued identification with current name and address.

Practicing Without a License:

Advertising or practicing massage without a current, active massage therapy license issued by the Arkansas Department of Health-Cosmetology/Massage Therapy Section is a violation of state law and subject to penalties and fines as assessed by the Department.

Inactive Status: All requests for 'inactive' status must be postmarked by the **FIRST** day of the month prior to the month of your renewal (birth date) and submitted on the proper form with correct fees. Any requests postmarked after this date are **EXPIRED** and may be treated as a late renewal subject to late fees.

Late Renewals (Expired Licenses): Renewals postmarked after the first day of the month preceding your birth date may be subject to penalty for late renewal.

Lost Mail: We are not responsible for lost or misdirected mail.

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Massage Therapist License Renewal
 (LMT, MMT, MTI)



This form must be completed entirely and submitted with your \$80 renewal fee **postmarked by the first day of the month before your birth date**. Incomplete renewal packets will not be processed and may be returned for completion and subject to late penalty fees.

Renewal packets postmarked after the first day of the month before your birth date through your birth date are late and will be subject to a \$25.00 penalty fee. If your renewal is postmarked after your birth date, your license is **expired**.

Payment must be made **payable to Arkansas Department of Health-Cosmetology/Massage Therapy Section**.

Type or print legibly

		License Type	License Number
Name (First, Middle, Last)		Date of Birth	Last 4 Digits SSN
Home Phone	Cell Phone	Email	
Mailing Address			Suite/Apt
City	State	Zip	County
Physical Address (if different than Mailing Address)			Suite/Apt
City	State	Zip	County
Place of Employment		Business Phone	
Business Address			Suite/Apt
City	State	Zip	County

No carryover hours

Massage Therapist License Renewal Professional Licensure History – Please Check

A) Since your last renewal have you 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) Since your last renewal 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) Since your last renewal have you 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

Your current license status is: Active Inactive

Please check all that apply:

FOR ACTIVE STATUS

- Complete Renewal Form
- CEU Certificate 18 hours
- Copy of Previous License
- License Fee - \$80.00
- Duplicate Fee - \$10.00
- Pocket Card - \$10.00

FOR INACTIVE STATUS

- Complete Renewal Form
- Copy of Previous License
- License Fee - \$80.00

FOR EXPIRED STATUS

Expired licenses can not be renewed. You must apply for a new license and meet all current requirements.

- Questions? Please call 501-683-1448.
- Additional information can be found on our website healthy.arkansas.gov

By my signature below, I certify that all information is true, accurate and complete to the best of my knowledge. I understand that providing incomplete or inaccurate information will result in a delay of my renewal and may result in penalty fees and/or disciplinary action by the Board.

Signature

Date

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