

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

Complete this application to upgrade a current active massage therapy license to master massage therapy license or to upgrade a master massage therapy license to massage therapy instructor license. **THIS APPLICATION DOES NOT REPLACE A RENEWAL APPLICATION HOWEVER BOTH A RENEWAL APPLICATION AND AN APPLICATION FOR UPGRADE ALONG WITH APPROPRIATE FEES FOR BOTH APPLICATIONS CAN BE MAILED AT THE SAME TIME.**

Renewal applications can be found on the Arkansas Department of Health website: http://www.healthy.arkansas.gov/images/uploads/pdf/Instructions_and_Application_for_Licensure_renewal_revised_11.pdf

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

Copy of Current License: Yes No License #: _____

Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Business Phone: _____ Home Phone: _____

Driver's License Number: _____ Social Security Number: _____

NOTE: All applicants for upgrade must receive background checks – Upon receipt of upgrade application, the Massage Therapy Section will mail background information and instructions to applicant. Background application, fingerprint cards and appropriate fees (MADE PAYABLE TO ARKANSAS STATE POLICE) **MUST BE MAILED DIRECTLY TO THE ADH MASSAGE THERAPY SECTION**, 4815 West Markham, Slot 8, Little Rock, AR 72205. Both Federal and State background check results must be sent directly to the Section from the issuing agency that performed check.

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

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