Out-of-state Active License Transfer Requirements:

1. Applicant must be 18 years of age or older;
2. Identification - Valid Photo ID – (Driver’s License, State Issued ID Card, Passport, or US Military ID);
3. Social Security Card – A copy of your social security card;
4. Out of State License Verification- An out of state license verification form must be completed and submitted by each State Board or office where you hold an active massage therapy license use the following link for form. License verification must come directly from State Entity in which you are currently licensed. https://www.healthy.arkansas.gov/images/uploads/pdf/OOSVerification.pdf
5. Copy of current license.
6. Application – (attached below)
7. Payment - $216.25 (non-refundable)
8. Background Checks: All applicants for licensure must receive background checks – The $36.25 fee for background check processing is now included in the licensure application fee. When the application form is processed, background forms will be e-mailed to you with instructions to begin the process. An additional fee will be charged by the ‘Harvester’ location when supplying your fingerprints, the fee will be paid to them for taking and submitting the fingerprints and is not included in the application fee.

THE $216.25 NON-REFUNDABLE FEE IS DUE AT THE TIME YOU SUBMIT THE FORM AND THE REQUIRED ATTACHMENTS. THE FEE AND APPLICATION EXPIRE ONE (1) YEAR AFTER APPLICATION DATE.

APPLICATION PACKET MUST CONTAIN NUMBERS 2-8 BEFORE BEING SUBMITTED TO THE SECTION; INCOMPLETE PACKETS WILL BE RETURNED TO APPLICANT.

Arkansas Massage Therapy Law Exam

• Once all application materials are received, reviewed and approved, the Massage Section will contact you via e-mail with instruction and link to take the online state law test. A temporary license will be issued permitting therapist to work at the least 90 days while background results are being processed.

Arkansas Department of Health Massage Therapy Section Non-refundable Application Fees

• Application Fee $ 75.00
• License Fee $ 80.00
• Law Exam Fee $ 25.00
• Background Fee $36.25
Total Fee $216.25

• Above fees are payable to ADH – Massage Therapy.

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

All applicants for licensure must complete this form and submit it with the appropriate documentation and $216.25 NON-REFUNDABLE 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 check, cashier’s check or money orders are accepted) All applications and fees expire one year from application date.

<table>
<thead>
<tr>
<th>Personal Information</th>
<th>Please Type or Print Legibly</th>
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<tbody>
<tr>
<td>Name (First, Middle, Last)</td>
<td>Social Security Number</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Email Address</td>
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<tr>
<td>Cell Phone</td>
<td>Home Phone</td>
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<td>Mailing Address</td>
<td>Suite/Apt</td>
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<td>City</td>
<td>State</td>
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<td>Physical Address (If different than Mailing Address)</td>
<td>Suite/Apt</td>
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<tr>
<td>City</td>
<td>State</td>
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</tbody>
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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 any 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 applying for such a license.”

If you have resided in any State other than Arkansas, please list length of residency and address (Attach additional sheets if necessary)

<table>
<thead>
<tr>
<th>Previous Address</th>
<th>Suite/Apt</th>
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<tbody>
<tr>
<td>City</td>
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<tr>
<td>Previous Address</td>
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<td>How long at previous address</td>
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<td>City</td>
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State Information of Active Licensure

<table>
<thead>
<tr>
<th>State/Department Name</th>
<th>Phone</th>
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<tr>
<td>Address</td>
<td>Suite/Apt</td>
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<tr>
<td>City</td>
<td>State</td>
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</table>
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.

__________________________________________ (SEAL)
Notary Public Signature

__________________________________________
Notary commission expiration date