

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

**INSTRUCTION AND APPLICATION FOR  
 EXPIRED LICENSE REINSTATEMENT**

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

Form must be completed entirely and submitted with your \$155 **non-refundable** reinstatement fee and all required continuing education hours.

**Continuing Education (CE) Requirements:**

**Submit eighteen (18) CE's for each renewal period that license has been expired.** Of these only 6 may be from online/In home courses. ALL Continuing Education hours submitted for reinstatement MUST be Department approved and earned after the license expired. Any reinstatement submitted with CE's not approved by the Department will be returned to licensee. **HOURS TAKEN PRIOR TO LICENSE EXPIRATION WILL NOT BE ACCEPTED FOR REINSTATEMENT.**

Payment must be made **payable to Arkansas Department of Health-Cosmetology/Massage Therapy Section.** (Personal check, cashier's checks or Money Order are accepted)

**Type or print legibly**

		License Expiration date	License Type (circle one)	
Name (First, Middle, Last)			LMT MMT MTI	License #:
Name in which appeared on your license		Cell Phone	Home Phone	
Date of Birth	Social Security Number	Email		
Mailing Address		Suite/Apt		
City	State	Zip	County	
Physical/Business Address (if different than Mailing Address)		Suite/Apt		
City	State	Zip	County	
Place of Previous Employment		Business Phone		
<b>ADDITIONAL REQUEST</b>		<b>ADDITIONAL REQUEST</b>		
____ Duplicate Fee - \$10.00 – Each		____ Pocket Card Fee - \$10.00 – Each		
____ Number of Duplicates requested		____ Number of Pocket Cards requested		

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