

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

**Massage Therapy Technical Advisory Committee
Application for Committee Membership Appointment**

All applicants for appointment must complete this form and submit to the Cosmetology and Massage Therapy Section. Failure to complete all parts of the application will delay the review and process of your application.

Requirements: Massage Therapy Technical Advisory Committee

The seven members of the Massage Therapy Technical Advisory Committee are appointed by the Arkansas State Board of Health for three-year terms. **Terms for current members expire in September.** The composition of the MTTAC shall be as followed:

- Six (6) shall be licensees under the Massage Therapy Act;
- Only one (1) shall be an owner of a massage therapy school;
- One (1) member, to represent the public, shall not be engaged in or retired from the practice of massage therapy.

If you are interested in being considered for membership on the Committee and meet one or more of the requirements above, please complete application and e-mail to Kelli Kersey, Section Chief, Cosmetology and Massage Therapy , Arkansas Department of Health at kelli.kersey@arkansas.gov .

Personal Information

Please Type or Print Legibly

Name (First, Middle, Last)		License Type	
Date of Birth	Email Address		Number of Years Licensed
Cell Phone	Work Phone or Alternate Phone	Congressional Voting District	
Physical Address		Suite/Apt	
City	State	Zip	County
Are you a spa/clinic or school owner? If so name of spa/clinic or school			
Physical address of spa/clinic or school		Suite/Apt	
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

Employment Background (attach additional sheets if necessary)

Employee Name		Start Date	End Date
Address		Phone Number	Years Employed
City	State	Zip	County
Reason For Leaving		Supervisors Name	
Employee Name		Start Date	End Date
Address		Phone Number	Years Employed
City	State	Zip	County
Reason For Leaving		Supervisors Name	

Please write a brief description of why you would be a strong candidate for this Committee and any additional information you feel would be relevant for the position.