

**Arkansas Department of Health  
Massage Therapy Section  
4815 West Markham Street, Slot #8  
Little Rock, AR 72205**

**OUT OF STATE LICENSE VERIFICATION**

The application for licensure as a Massage Therapist in the State of Arkansas requires this form to be completed by each State Board where I hold or have ever held a license. By signing below authorizes you to release all information in your files about me that is favorable or otherwise.

**Section I (Completed by Applicant). Please type or print clearly.**

Applicant Name \_\_\_\_\_ License Number \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
P O Box or Street No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (include area code) \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Section II. (Completed by out-of-state licensing authority)**

State of \_\_\_\_\_.

This certifies that \_\_\_\_\_ is:  
(Applicant's Name)

Registered [ ] Certified [ ] Licensed [ ] as a \_\_\_\_\_

Current status of this license/license/certification is:

Active [ ] Lapsed [ ] Inactive [ ] Denied \*\* [ ] Suspended\*\* [ ] Revoked\*\* [ ]

Effective date of License/Registration/Certification \_\_\_\_\_

**\*\*Please attach a copy of the Findings of Fact and Decision and Order.**

License/Registration/Certification issued based on:

[ ] Education Requirements [ ] Endorsement/Reciprocity  
[ ] State Examination [ ] National Examination

Qualifications for licensure in this state are:

- a. Total hours of education \_\_\_\_\_
- b. Number of hours required in Swedish Massage \_\_\_\_\_
- c. Number of hours required in Anatomy & physiology \_\_\_\_\_
- d. Written examination required? Yes [ ] No [ ]
- e. Practical examination required? Yes [ ] No [ ]

***I certify that the above information is correct and true. I have enclosed a copy of the requirements for this state.***

Name of Agency \_\_\_\_\_ Address \_\_\_\_\_

Signature \_\_\_\_\_ Typed Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

(STATE SEAL)