

**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**

**Qualifications and Instruction for Licensure set forth in ACA §17-86-101 also known as the
Arkansas Massage Therapy Act;**

Out-of-state Applicant 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. Education- Copy of High School Diploma and/or Transcript, College Diploma and/or Transcript, or GED;
5. TB Test – A current TB Test (Less than a year old) Must be issued by a Qualified Medical Doctor (Excluding Chiropractors) on official letterhead, clinic form, or Health Card;
6. Massage School Diploma – A copy of your massage school diploma;
7. National Test Score - MBLEx or NCBTMB Exam Score Report;
8. Out of State License Verification-An out of state license verification form must be completed by each State Board or office where you hold or have ever held a massage therapy license use the following link for form.
<http://www.healthy.arkansas.gov/programsServices/hsLicensingRegulation/MassageTherapy/Documents/OOSVerification.pdf>
9. Application – (attached below)
10. Payment - \$180.00 (non-refundable)
11. Massage School Transcript- Must be received directly from the massage therapy school administrator, director, or other school official in which applicant attended; (Note: If the applicant's transcript is not obtainable from the original school, the applicant shall submit a statement to explain why it may not be obtained or other documentation of credentials may be submitted and accepted for licensure at the discretion of the department); **transcripts must provide detailed course descriptions for consideration of transfer of credits to be compared to the following statutory course requirements:**
 - 175 hours of anatomy, physiology, pathology, and contraindications to massage therapy;
 - 225 hours of technique;
 - 25 hours of hydrotherapy, electrotherapy, and heliotherapy;
 - 25 hours of hygiene and infection control;
 - 25 hours of massage therapy law, business management, and professional ethics; and
 - 25 hours of related subjects as approved by the board.
12. Background Checks- Upon receipt of 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 the check.

**THE \$180 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 2-10 BEFORE
BEING SUBMITTED TO THE SECTION; INCOMPLETE PACKETS
WILL BE RETURNED TO APPLICANT.**

Required Examinations Information:

National Certification Board for Therapeutic Massage & Bodywork (NCBTMB)

- NCBTMB offers two exams for securing your state license in massage;
- **The National Certification Examination for Therapeutic Massage (NCETM) and National Certification Examination for Therapeutic Massage & Bodywork (NCETMB) Exams;**
- Depending on your area of interest, expertise and the requirements, you may choose to take either the NCETM (National Certification Examination for Therapeutic Massage) or the NCETMB (National Certification Examination for Therapeutic Massage & Bodywork);
- Both exams--based on your state requirements--may be used to become a licensed massage therapist.
The National Certification Board for Therapeutic Massage & Bodywork (NCBTMB)
Toll Free (NCBTMB): 1-800-296-0664
Or send an email to: info@ncbtmb.org
Website: www.ncbtmb.org

Massage and Bodywork Licensing Examination (MBLEx)

- The MBLEx is administered by the Federation of State Massage Therapy Boards (FSMTB);
- Applicants must contact the FSMTB directly for MBLEx information or to schedule testing;
- MBLEx Handbook and Application form are available at www.fsmtb.org;
The Federation of State Massage Therapy Boards (FSMTB)
Toll Free (MBLEx Specific): 866-962-3926
Fax: 615-846-0153
Toll Free (FSMTB): 888-703-7682
Website: www.fsmtb.org email: info@fsmtb.org MBLEx specific email: mblex@fsmtb.org

Arkansas Massage Therapy Law Exam

- Once all application materials and associated background checks 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.

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

- Application Fee \$ 75.00
- License Fee \$ 80.00
- Law Exam Fee \$ 25.00
- Total Fee \$180.00

***If a re-take of the Arkansas Law Exam is necessary, an additional fee of \$25.00 per each re-take exam is required prior to re-testing.**

- Above fees are payable to ADH – Massage Therapy.

Contact Information

Arkansas Department of Health – Massage Therapy Section

Mailing Address:

4815 West Markham, Slot #8
Little Rock, AR 72205
Phone: 501-683-1448

Physical Address:

4815 West Markham
Little Rock, AR 72205
website: www.healthy.arkansas.gov

Application for Licensure

*All applicants for licensure must complete this form and submit it with the appropriate documentation and \$180 **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.***

Personal Information

Please Type or Print Legibly

Name (First, Middle, Last)			Social Security Number
Date of Birth	Email Address		
Cell Phone	Home Phone	Work Phone or Alternate Phone	
Mailing Address		Suite/Apt	
City	State	Zip	County
Physical Address (If different than Mailing Address)		Suite/Apt	
City	State	Zip	County
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 <u>any</u> 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)

Previous Address		Suite/Apt	How long at previous address
City	State	Zip	County
Previous Address		Suite/Apt	How long at previous address
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

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.

Notary Public Signature

(SEAL)

Notary commission expiration date