

ARIZONA MASSAGE THERAPY STATE BOARD LICENSE VERIFICATION

Use this form only if you have or ever held a license to practice as a massage therapist in another state that requires state licensing.

Section I. To be completed by applicant. Please type or print clearly.

Applicant must fill in: Print Name _____

Address: _____
Address City State Zip

DOB ____/____/____ Last 4 digits SS Number: _____

State Licensed with: _____ License Number: _____

Section II. Send this form to the jurisdictions in which are licensed. Be sure to include any fee required by that licensing authority. The licensing authority must complete and send this form directly to the address listed at bottom of this page.

The State of _____

Located _____
Address City State

How the applicants name appears on license

License information; _____ / ____/____ / ____/____/____
License No. Date of Issue Date Expires

Qualifications for licensure in this state are:

Total hours of education _____ National examination? Yes ___ No ___

Exam name _____ Date exam taken ____/____/____

Issued license based on:

- Education Requirements Endorsement/Reciprocity
 State Examination Grandfather Requirements
 National Examination

Current Status of this license

Active ___ Lapsed ___ Inactive ___ Denied** ___ Suspended** ___ Revoked** ___

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

Has the licensee ever been Disciplined, Censured or Probation ** Yes ___ No ___

If yes provide information regarding any action pending or taken against the individual. Please describe and attach documentation:

I certify that the above information is correct and true.

Name of Agency _____

Signature _____ Print _____

Title _____ Date ____/____/____

Mail this form directly to the:

Arizona Massage Therapy Board
1400 W. Washington Rm.300
Phoenix AZ. 85007

State Seal