



Douglas A. Ducey,
Governor

Arizona State Board of Massage Therapy

“Protecting the Public’s Health”

1740 West Adams Street, Suite 3401
Phoenix, Arizona 85007

E: info@massageboard.az.gov
W: <https://massagetherapy.az.gov>

APPLICATION FOR A MASSAGE THERAPY LICENSE

1. APPLICATION TYPE

- I wish to apply for a **regular** Arizona massage therapy license ([A.R.S. § 32-4222](#) and [A.A.C. R4-15-201](#))
- I wish to apply for an Arizona massage therapy license by **reciprocity based on out-of-state license** ([A.R.S. §§ 32-4222 & 32-4223](#) and [A.A.C. R4-15-203](#))
- I wish to apply for an Arizona massage therapy license by **reciprocity based on NCBTMB certification** ([A.R.S. §§ 32-4222 & 32-4223](#) and [A.A.C. R4-15-203](#))
- I wish to apply for an Arizona massage therapy license by **universal acceptance** ([A.R.S. § 32-4302](#)), residency documentation attached.

2. PERSONAL DATA – (Pursuant to [A.R.S. § 32-4225\(C\)](#), a licensee must report a name change, to the Board, within 10 days of the change.)

Last Name

First Name

Middle

Male Female

Are you a Veteran?

Yes

No

Military Spouse/Partner

Yes

No

Please list all other previous or current names, including former/maiden or other aliases:

Social Security Number

Date of Birth

Place of Birth (City/State/Province)

3. ADDRESS INFORMATION

RESIDENTIAL – A PHYSICAL ADDRESS IS REQUIRED

(Pursuant to [A.R.S. § 32-4225\(C\)](#), a licensee must report residential address changes, to the Board, within 10 days of the change.)

Street Address _____
Phone Number (include area code)

City _____
State _____
Zip Code _____
Country

Email Address _____
Fax (include area code)

MAILING

(Pursuant to [A.R.S. § 32-4225\(C\)](#), a licensee must report residential address changes, to the Board, within 10 days of the change.)

Street Address _____
Phone Number (include area code)

City _____
State _____
Zip Code _____
Country

Email Address _____
Fax (include area code)

EMPLOYER (CURRENT)

(Pursuant to [A.R.S. § 32-4225\(C\)](#), a licensee must report business address changes, to the Board, within 10 days of the change.)

Name of Employer

Street Address _____
Phone Number (include area code)

City _____
State _____
Zip Code _____
Country

Email Address _____
Fax (include area code)

4. ADDRESS OF RECORD

Which one of the above addresses would you like to be your “Address of Record”? Residential address will be public if no other address is given.

Website Address: Residential Mailing Business

Contact Address: Residential Mailing Business

ALIEN PAROLED INTO THE UNITED STATES FOR LESS THAN ONE YEAR (8 U.S.C. § 1621(a)(3))

- 10. An alien paroled into the United States for less than one year under Section 2212(d)(5) of the INA.

OTHER PERSONS (8 U.S.C. § 1621(c)(2)(A) and (C))

- 11. A non-immigrant whose visa for entry is related to employment in the United States.
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.].
- 13. A foreign national not physically present in the United States.

OTHERWISE LAWFULLY PRESENT (A.R.S. § 1-501)

- 14. A person not described in categories 1 – 13 who is otherwise lawfully present in the United States. PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621 (a).

EVIDENCE

In addition, please submit, with your application, a legible copy (front and back) of a document from the EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS list. **If the document(s) you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.**

Name of Document Submitting

Expiration Date, If Any

6. ENGLISH PROFICIENCY

Pursuant to [A.R.S. § 32-4222\(E\)](#) and [A.A.C. R4-15-201\(C\)](#), if you are a first-time applicant, not seeking a massage therapy license by reciprocity, then you must also complete this section.

Is English your native language? Yes No

If no, what is your native language? _____

In addition, you must make arrangements to take and pass an English proficiency examination with either [TOEFL](#) or [TOEIC](#) and request that agency to submit your scores directly to the Board.

7. HIGH SCHOOL EDUCATION

- High school: _____
Name of High School Date Graduated

- High school equivalency diploma: _____
Date Awarded

- Ability-to-Benefit examination recognized by the United States Department of Education, documentation attached.

8. MASSAGE THERAPY EDUCATION

Please list the name(s) and address(es) of each Board-recognized massage therapy school attended, dates of attendance, the total number of hours of classroom and clinical instruction completed and the date of completion of the course of study.

a. _____
Message School Name Total Hours of Classroom & Clinical Instruction Completed

Street Address City State Zip Code

Dates attended: _____ Date of Completion: _____
From To

b. _____
Message School Name Total Hours of Classroom & Clinical Instruction Completed

Street Address City State Zip Code

Dates attended: _____ Date of Completion: _____
From To

c. _____
Message School Name Total Hours of Classroom & Clinical Instruction Completed

Street Address City State Zip Code

Dates attended: _____ Date of Completion: _____
From To

9. EXAMINATION

Have you graduated from an accredited school outside of Arizona? Yes No

Have you graduated from a nationally-accredited Board-recognized School, located in Arizona? Yes No

If NO:

a. I have taken and passed the following examination:

[NCBTMB](#) (BCETMB) [FSMTB](#) (MBLEx)

b. I passed the examination on: _____
Date

NOTE: A national certification exam is required for Arizona licensing, from students matriculating from a non-nationally-accredited training program.

10. LICENSED MASSAGE THERAPY EXPERIENCE

Please list the name of each jurisdiction (US state or territory) in which you are currently or have been licensed as a massage therapist. You must request to have each licensing agency send the Board a [verification of your license](#) for each jurisdiction you have been or are licensed.

Massage Licensing Board _____

Massage Licensing Board _____

Massage Licensing Board _____

Massage Licensing Board _____

Massage Licensing Board _____

Massage Licensing Board _____

11. ATTACH PHOTO HERE

Please attach one passport-quality photograph of the applicant's head and shoulders no larger than 2 1/2 by 3 inches taken no more than 60 days before the date of the application.

12. PROFESSIONAL CONDUCT

- 1) Have you ever been convicted of a class 1, 2, or 3 felony? Yes¹ No
- 2) Have you ever been convicted of a class 4, 5, or 6 felony offense involving moral turpitude? Yes¹ No
- 3) Have you ever plead no contest (nolo contendere) offense involving moral turpitude? Yes¹ No
- 4) Have you ever received a misdemeanor involving prostitution or solicitation or other similar offense involving moral turpitude? Yes¹ No
- 5) Have you ever been convicted of an act involving dishonesty, fraud, misrepresentation or gross negligence? Yes¹ No
- 6) Are you currently incarcerated in a local, state or federal penal institution or on community supervision? Yes¹ No
- 7) Have you ever voluntarily surrendered a license under [A.R.S. § 32-4254](#) or had a license to practice massage therapy or another professional license revoked or suspended by a political subdivision of this state or a regulatory agency in another jurisdiction in the United States for an act that occurred in that jurisdiction, and that would be subject to discipline pursuant to this chapter? Yes² No
- 8) Are you currently under investigation, suspension, revocation or restriction by a political subdivision of this state, a national massage therapy certifying agency or a regulatory agency in another jurisdiction in the United States for an act that occurred in that jurisdiction, and that would be subject to discipline pursuant to chapter [A.R.S. § 32-4201 et seq.](#)? Yes² No

¹ **If you answered “Yes” to any question(s) #1 – 6 in section 12 (above),** you must attach to this application:

1. A written narrative explanation of your answer(s), which must include the charged felony or offense;
2. The date of conviction;
3. The court having jurisdiction over the felony or offense;
4. Your probation officer’s name, address and telephone number, if applicable;
5. A copy of the notice of expungement, if applicable; and
6. A copy of the notice of restoration of your civil rights, if applicable.

² **If you answered “Yes” to question(s) #7 or #8 in section 12 (above),** you must attach to this application a written, narrative explanation of your answer and attach copies of all related documents.

13. PAYMENT

The total fee is **\$217.00**, (\$195.00 application fee + \$22.00 background check fee). Payment may be made online using the Board’s “Initial Application Payment” on its website.

I paid online using the Board’s [payment portal](#), receipt attached.

I paid by cashier’s check or money order

Pursuant to [A.R.S. § 41-1080.01](#), if this is your first time applying for an Arizona massage therapy license and your *family income* does not exceed 200% of the Federal Poverty Guidelines, you may qualify for a one-time waiver of the Board’s application fee of \$195.00.

I wish to apply for the application fee waiver. I understand I shall not pay the application fee unless my request for fee waiver is denied. I further understand the \$22.00 background check fee will not be waived and I have indicated above the method for this payment. Attached is a copy of my family’s most recent federal tax return.

AFFIRMATION

I am the undersigned, and I declare under penalty of perjury that the foregoing is true and correct. I am the person herein named subscribing to this application; that I have read the statutes and rules regarding licensure; that I have read this complete application, know the full content thereof, and declare that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that I completed the education as prescribed by this application; that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which I am aware. Further, I hereby authorize all institutions, organizations, any references, employers (past, present and future), business and professional associates (past, present and future), and all government agencies (local, state, federal or foreign) to release to the Board, or its successors, any information, files or records requested by that Board in connection with this application. I further authorize the Board, or its successors, to release to the organizations, individuals or groups listed above any information, which is material to the application or any subsequent licensure. I hereby release the Board from any liability arising out of the furnishing or inspection of such information. I further acknowledge that falsification or misrepresentation of any item or response on this application constitutes sufficient cause to deny the same or to hold a hearing to revoke the same, if issued.

Applicant’s Signature

Executed on [Date]