



Douglas A. Ducey,  
Governor

# Arizona State Board of Massage Therapy

“Protecting the Public’s Health”

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## **INITIAL APPLICATION INSTRUCTIONS AND INFORMATION**

Dear Applicant:

### **Please read the following two pages of information carefully and completely**

Applications may be submitted for a regular license or license by reciprocity. Please note the application contains six (6) pages. All applications must be completed, signed, notarized and submitted with the application fee of \$217.00, which *includes* the \$22.00 fee for your fingerprint background check. Payment may only be made by cashier’s check or money order payable to the Arizona State Board of Massage Therapy.

### **Documentation for New Applicants (checkmark the box once you complete the requirement):**

Completed application, including your signature before a Notary Public;

Cashier’s check or money order in the amount of \$217.00. **PLEASE NOTE:** All fees are non-refundable, pursuant to A.A.C. R4-25-103;

A full set of fingerprints for the purpose of obtaining a state and federal criminal records check (available at most local police stations, UPS stores, [www.arizonalivescan.com](http://www.arizonalivescan.com) or by Googling fingerprint services near you);

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;

A completed [Statement of Citizenship](#) form *and* the required evidence;

If applicable, written documentation of the applicant’s passing of the ability to benefit examination. This only applies to you if you did not graduate from high school or receive a high school equivalency diploma; and

If applicable, documentation related to any question in which you answered “yes” to in section 10 of the application.

The following documents are direct source only documents. Direct source only means that the documents must be submitted to the Arizona State Board of Massage Therapy directly from the issuing agency/entity and **cannot be submitted by the applicant.**

Academic transcripts from each Board-recognized school attended;

Written verification of a passing score on the [NCBTMB](#) (BCETMB) or [FSMTB](#) (MBLEx) examination (*applicable only* if the applicant graduated from a non-Arizona massage therapy or bodywork therapy school);

If you have held or currently hold a massage therapy or bodywork license in any other jurisdiction, a completed [license verification\(s\)](#); and

If English is not your native language, the score(s) earned on either the [TOEFL](#) or [TOEIC](#) examination.

After your application is received, Board staff will review your application materials and notify you, in writing, of any deficiencies. Please do not be concerned if you receive a deficiency letter. Most applicants receive this letter because of the wait time to receive documents from other sources. If deficient, your application will be on hold until all supplemental documentation is received and all deficiencies are remedied. The fingerprint review period takes up to six weeks to complete. Once all necessary information is received, you will be notified, in writing, that your application is complete.

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**OTHER CONTACT INFORMATION****Federation of State Massage Therapy Boards (“FSMTB”)**

<https://www.fsmtb.org/>

866.962.3926

**National Certification Board for Therapeutic Massage & Bodywork (“NCBTMB”)**

<http://www.ncbtmb.org/>

**Educational Testing Service for English proficiency test**

TOEFL

<https://www.ets.org/toefl/>

877.863.3546

TOEIC

<https://www.ets.org/toEIC>

609.771.7170



**3. EMPLOYER ADDRESS (CURRENT)** – Pursuant to A.R.S. § 32-4225(C), must report business address changes, to the Board, within 10 days.

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Fax (include area code)

**ADDRESS OF RECORD**

Which one of the above addresses would you like to be your “Address of Record”? This will be the physical address and telephone number where you can be reached and will also be posted on the Board’s website. Any changes must be in writing and include a signature and date.

Residential    OR    Business

If you wish that neither your residential or business address be the address of record, please list a mailing address below:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Email Address

**4. PROCESS OF INITIAL APPLICATION:**

I wish to apply for a **regular** Arizona massage therapy license (A.R.S. § 32-4222 and A.A.C. R4-15-201); or

I wish to apply for an Arizona massage license by **reciprocity** (A.R.S. §§ 32-4222 & 32-4223 and A.A.C. R4-15-203).

**Please tell us how you want your name printed on your massage therapy license.**

\_\_\_\_\_

**5. CITIZENSHIP STATUS**

All applicants must complete the [Statement of Citizenship Form](#) and supply the appropriate supportive documentation as required by the form. All applicants **must complete section 5.a. below.**

a. Are you a United States Citizen? Yes or No

If no, what is your immigration status?

\_\_\_\_\_

If you are a first-time applicant, not seeking a massage therapy license by reciprocity, then must also complete question 5.b. below.

b. Pursuant to A.R.S. § 32-4222(E) and A.A.C. R4-15-201(C), is English your native language? Yes or 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.

**6. HIGH SCHOOL EDUCATION**

Have you graduated from a high school? Yes or No

If Yes, please list the name of the high school \_\_\_\_\_,  
Name of High School  
and date graduated \_\_\_\_\_.  
Date Graduated

If you did not graduate from a high school, please provide the date \_\_\_\_\_ a high school equivalency diploma was awarded to you, or attach written documentation of having passed an ability to benefit examination recognized by the United States Department of Education.

**7. MASSAGE THERAPY EDUCATION**

**(Complete this section only if you are a first-time applicant, not seeking a massage therapy license by reciprocity)**

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.

**This section does not apply to me; I am seeking a license by reciprocity**

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

**8. 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 \_\_\_\_\_

**9. EXAMINATION**

Have you graduated from a Board recognized school in Arizona? Yes or No

If no, then please answer the following questions:

- a. Have you taken and passed the examination administered by the [NCBTMB](#) (BCETMB) or [FSMTB](#) (MBLEx)? Yes or No
- b. If yes, when did you pass the examination? \_\_\_\_\_  
Date
- c. Also if yes, who administered the test? NCBTMB or FSMTB

## **10. PROFESSIONAL CONDUCT**

a. Within five years preceding the date of your application:

- 1.) Have you been convicted of a class 1, 2, or 3 felony? Yes or No
- 2.) Have you been convicted of a class 4, 5, or 6 felony offense involving moral turpitude that has a reasonable relationship to the practice of massage therapy? Yes or No
- 3.) Have you plead no contest (nolo contendere) offense involving moral turpitude that has a reasonable relationship to the practice of massage therapy? Yes or No
- 4.) Have you received a misdemeanor involving prostitution or solicitation or other similar offense involving moral turpitude that has a reasonable relationship to the practice of massage therapy? Yes or No
- 5.) Have you been convicted of an act involving dishonesty, fraud, misrepresentation or gross negligence? Yes or No
- 6.) Are you currently incarcerated in a local, state or federal penal institution or on community supervision? Yes or No

**If you answered “Yes” to any of the questions in section 10.a. (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.
- b. Have you 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? Yes or No
- c. 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? Yes or No

**If you answered “Yes” to question 10.b. or c., you must attach to this application a written, narrative explanation of your answer and attach copies of all related documents.**

**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.

**AFFIRMATION**

I, \_\_\_\_\_,  
**Print Your Name**

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** (must be signed before a Notary Public)

\_\_\_\_\_  
**Executed on [Date]**

**NOTARY**

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

**(Notary Seal Here)**

County of \_\_\_\_\_

**Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_**

\_\_\_\_\_  
**Signature of Notary Public**

\_\_\_\_\_  
**Date Commission Expires**