Douglas A. Ducey,
Governor

Arizona State Board of Massage Therapy

"Protecting the Public's Health"

1740 West Adams, Suite 3401
Phoenix, Arizona 85007
P: (602)542-8604
E: info@massageboard.az.gov
W: https://massagetherapy.az.gov

INITIAL APPLICATION INSTRUCTIONS AND INFORMATION

Dear Applicant:

Please read the following two pages of information carefully and completely

Pursuant to A.R.S. §§ 32-4222, 32-4223 and A.A.C. R4-15-201, R4-15-203, applicants may be eligible for an Arizona massage therapy license by one of two processes:

1. The applicant is seeking licensure for the first time—meaning you've never been licensed anywhere or have only been licensed for less than five continuous years in another state or United States territory; or
2. The applicant is seeking licensure is through reciprocity. Reciprocity is defined by the applicant having been licensed in another state or United States territory for the last five years immediately preceding this application, or the applicant holds a current certification from the National Certification Board for Therapeutic Massage and Bodywork or another agency that meets the standards of the national organization.

The applicant shall file with the Board of Massage Therapy ("Board") an application, accompanied by the required application fee of $217.00, which *includes* the $22.00 fee for the fingerprint background check. Payment may only be made by cashier's check or money order payable to the Arizona State Board of Massage Therapy. Please be advised, all application materials become the permanent property of the Board and will not be returned.

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 or by Googling fingerprint services near you and may be submitted, to the Board, ***no more*** than 8 weeks prior to your license application.;

☐ 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 Americans with Disabilities Act: Persons with disabilities may request reasonable accommodations, such as sign language interpreters. Requests should be made as early as possible to allow time to arrange the accommodation. This document is available in alternative format upon request.

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, (Not required if seeking licensure because you have held or currently hold a massage therapy or bodywork license, in any other jurisdiction, for two of the past five years immediately preceding your application in Arizona);*
- ☐ 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);*
- ☐ Completed license verification(s) if you have held or currently hold a massage therapy or bodywork license in any other jurisdiction; and
- ☐ Score(s) earned on either the TOEFL or TOEIC examination if English is not your native language.*

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.

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

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* These requested documents may *not* be required depending on whether or not the applicant is requesting a license by reciprocity.

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APPLICATION FOR A MASSAGE THERAPY LICENSE

Please note this 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. Pursuant to A.R.S. § 41-1080.01, if 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/exam fee of $195.00. If you think you may qualify for this fee waiver, please check here ☐ and enclose a copy of your family's previous year's federal tax return.

1. 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**

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) _____

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

_____

2. RESIDENTIAL ADDRESS – (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) _____

The Americans with Disabilities Act: Persons with disabilities may request reasonable accommodations, such as sign language interpreters. Requests should be made as early as possible to allow time to arrange the accommodation. This document is available in alternative format upon request.

3. EMPLOYER ADDRESS (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)

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 employer 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 | Fax (include area code)

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).

I have been licensed for at least two years of the last five years immediately preceding the date of my application (Please see application section 9 and note – you are *not* required to submit copies of transcripts, national test scores or English proficiency scores).

I currently hold a certification from the NCBTMB or another agency that meets the standards of the national organization (Please note – you are *not* required to submit a copy of your English proficiency scores, but you *must arrange* to have a copy of your massage school transcript(s) submitted to the Board).

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 you 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

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. _____ _____
Massage School Name — Total Hours of Classroom & Clinical Instruction Completed

_____ _____ _____ _____
Street Address — City — State — Zip Code

Dates attended: _____ _____ Date of Completion: _____
From — To

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

_____ _____ _____ _____
Street Address — City — State — Zip Code

Dates attended: _____ _____ Date of Completion: _____
From — To

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

_____ _____ _____ _____
Street Address — City — State — Zip Code

Dates attended: _____ _____ Date of Completion: _____
From — To

8. 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

9. 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 _____

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[1] 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[1] 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[1] 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[1] or ◯ No

5.) Have you been convicted of an act involving dishonesty, fraud, misrepresentation or gross negligence? ◯ Yes[1] or ◯ No

6.) Are you currently incarcerated in a local, state or federal penal institution or on community supervision? ◯ Yes[1] or ◯ No

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[2] 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[2] or ◯ No

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[1] **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.

[2] **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 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]**