

Print and fill out with a pen then mail in to Arizona Massage Board  
Arizona Board of Massage Therapy  
1740 W Adams St, Unit 3401  
Phoenix, AZ 85007

**MANDATORY REPORTING REQUIREMENT**

Pursuant to A.R.S. § 32-3208, a massage therapist or an applicant for licensure as a therapist, who has been charged with a misdemeanor involving conduct that may affect patient safety or a felony must notify the Arizona State Board of Massage, in writing, within ten (10) working days after the charge is filed.

Attach any applicable documentation related to your charge, including but not limited to:

**POLICE, SHERIFF, or LAW ENFORCEMENT AGENCY**

- Arrest/Booking Report, Complaint, or Citation/Ticket
- Arrest/Incident Departmental Report

**COURT DOCUMENTS**

- Notice of Charges, Complaint, or Indictment
- Pre-Sentence Screening, Report or Referral, or Pre-Sentence Report
- Plea Agreement, Sentencing or Probation Order/Judgment
- Dismissal, Probation Release or Court Discharge

**OTHER DOCUMENTS**

- Printed or typed, detailed explanation describing the circumstances and events.
- If there was no conviction regarding the charge, in addition to the police report, please provide documentation or a letter from the police department or court that the charges were dismissed.

A complete form for each offense.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Select one:  Applicant  Licensed Massage Therapist # MT— \_\_\_\_\_  
Numbers ONLY

ADDRESS OF RECORD:

\_\_\_\_\_  
Address Phone

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Email

NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY  
WHO ARRESTED YOU:

\_\_\_\_\_  
Law Enforcement Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Email

FOR WHAT OFFENSE WERE YOU CHARGED? \_\_\_\_\_

Provide a written, detailed explanation describing the circumstances and events.

When submitting a written explanation for a charge or conviction, be sure to address the “who, what, where, when, and why” of the circumstances regarding the incident or it may be considered insufficient.

I verify that the above information provided by me is true, complete and correct and I have disclosed each of my charges, for felonies and misdemeanors, including incidents that did not ultimately result in convictions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_