



State of Arizona
Douglas A. Ducey
Governor

Arizona State Board of Massage Therapy

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Website: www.massagetherapy.az.gov
Kathleen Phillips, Executive Director

Application for a Board Recognized School Outside Arizona Update

Mail or fax this completed form to address above.

1. Name of the school that is providing a massage therapy program:

2. School physical address _____

3. School telephone number _____
4. School fax number _____
5. The out-of-state school must be accredited by the secretary of the United States Department of Education or approved by an agency similar to Arizona's Board for Private Postsecondary Education.

The name, address and telephone number of the agency that either accredited or approved the out-of-state school:

Name

Address

Telephone number

A COPY OF THE OUT-OF STATE SCHOOL'S ACCREDITATION OR APPROVAL MUST BE SENT DIRECTLY FROM THE ACCREDITING OR APPROVAL AGENCY TO THE MASSAGE THERAPY BOARD AT THE ADDRESS ABOVE.

6. **Within 10 years before the date of filing this application, has any person with a 20 percent or more ownership in the applicant school been convicted of a felony or any crime related to the operation of an educational institution in any state or jurisdiction? Yes_____ No_____**

7. **If you answered yes to question #6, has the conviction been absolutely discharged, expunged, or vacated? Yes_____ No_____**

If you answered **YES to questions 6 or 7**, you must send a copy of the court document related to the offense. The court document must include the date of the conviction, final disposition, and proof of release from parole or probation. If discharged, expunged, or vacated you must provide a copy of the court document describing the action taken by the Court.

8. **Within 10 years before the date of filing this application, has any person with a 20 percent or more ownership in the applicant school had a license to operate a vocational program, vocational institution, degree program, or degree-granting institution revoked in any state or jurisdiction?**

Yes_____ No_____

9. **Name, title, address, and telephone number of the person authorized by the school to submit an application:**

Name **Title**

Email address (print clearly)

Address **Telephone number**

I understand that providing false or misleading information or failing to provide the required information on this application may be cause for the denial or revocation of an approval of the school by the Board.

Signature of the person authorized by the school to submit an application:

Signature **Date**