



Douglas A. Ducey,  
Governor

# Arizona State Board of Massage Therapy

“Protecting the Public’s Health”

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## **MESSAGE THERAPY LICENSE RENEWAL APPLICATION**

Pursuant to A.R.S. § 32-4225(A) ...“A [massage therapy] license issued...is subject to renewal every other year on the licensee's birthday and expires unless renewed”. To renew your massage therapy license, the licensee shall complete the following application and submit the prescribed \$95.00 renewal fee. **Payment must be made by cashier’s check or money order only** and made payable to the Arizona State Board of Massage Therapy (“Board”). The licensee must affirm that in the two years preceding this application for renewal, the licensee attended at least twenty-four (24) hours of Board approved continuing education courses or programs.

### **1. PERSONAL DATA FOR LICENSE #:**

_____	_____	_____
Last Name (Pursuant to A.R.S. § 32-4225(C), must report name changes, to the Board, within 10 days.)	First Name	Middle Name or Initial
_____	_____	
Birthdate	Current Massage Therapy License Expiration Date	

### **2. RESIDENTIAL ADDRESS – (Pursuant to A.R.S. § 32-4225(C), must report residential address changes, to the Board, within 10 days.)**

_____		_____	
Street Address		Phone Number (include area code)	
_____	_____	_____	_____
City	State	Zip Code	Country
_____			
Email Address			

### **3. BUSINESS ADDRESS (Primary) – 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			

**\*If you have more than one business or multiple locations, please include a comprehensive list on a separate page**

**4. 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 where you can be reached and posted to 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

**5. CITIZENSHIP STATUS**

a. Are you a United States Citizen or legal resident authorized to work in the United States? Yes or No

b. Has there been any change to your citizenship/residency since your last renewal or initial application? Yes or No

**\*If you answered yes to part (b) of question 5, you MUST complete the Statement of Citizenship Form and supply the appropriate supportive documentation as required by the form.**

**6. CONDUCT**

Pursuant to A.A.C. R4-15-205(j), please answer the following question and submit any supportive documentation. When answering the question, please answer based on your conduct over past 24 months directly preceding this renewal. Please contact an attorney, if you need legal advice. The Board and its office are prohibited from providing any legal advice. ***You must answer with an affirmative Yes or a negative No.***

a. Have you been charged with or convicted of a felony or an offense involving moral turpitude or prostitution, solicitation, or a related offense or entered into a plea of no contest during the two-year period immediately preceding the renewal application date?  
Yes or No

**\*If you answered Yes, you must provide the following information:**

1. The charged felony or offense;
2. The date of conviction;
3. The court having jurisdiction over the felony or offense;
4. The 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 restoration of civil rights, if applicable.

**7. CONTINUING EDUCATION – (If you are late renewing your license, reinstating your license, randomly selected for an audit or your license is already expired, please skip section A and proceed to section B)**

Continuing education may only include 12 hours in a distance learning format (online) and cannot include any hours from a previous renewal period.

A. Pursuant to A.R.S. § 32-4225(E), a licensee shall provide the board with the following affirmation:

I, (Print name attesting that you completed 24 hours of continuing education), affirm under penalty of perjury that I completed at least twenty-four (24) hours of continuing education in the practice of massage therapy, as approved by the board, during the immediately preceding two (2) years.

B. Pursuant to A.R.S. § 32-4226, a licensee may renew an expired license or reinstate a lapsed license on *proof* that the applicant continues to meet all requirements for continuing competency and continuing education established by the Board. Additionally, if you were randomly selected for an audit of your continuing education, then you must also provide proof of your continuing education. Therefore, please complete the following pursuant to A.A.C. R4-15-303:

1. Title of the Continuing Education (“CE”) : \_\_\_\_\_  
 Subject Matter of the CE: \_\_\_\_\_  
 Location Where the CE Took Place: \_\_\_\_\_  
 Name of the Instructor: \_\_\_\_\_  
 Credit Hours Received: \_\_\_\_\_ Date of Completion: \_\_\_\_\_
2. Title of the Continuing Education (“CE”) : \_\_\_\_\_  
 Subject Matter of the CE: \_\_\_\_\_  
 Location Where the CE Took Place: \_\_\_\_\_  
 Name of the Instructor: \_\_\_\_\_  
 Credit Hours Received: \_\_\_\_\_ Date of Completion: \_\_\_\_\_
3. Title of the Continuing Education (“CE”) : \_\_\_\_\_  
 Subject Matter of the CE: \_\_\_\_\_  
 Location Where the CE Took Place: \_\_\_\_\_  
 Name of the Instructor: \_\_\_\_\_  
 Credit Hours Received: \_\_\_\_\_ Date of Completion: \_\_\_\_\_
4. Title of the Continuing Education (“CE”) : \_\_\_\_\_  
 Subject Matter of the CE: \_\_\_\_\_  
 Location Where the CE Took Place: \_\_\_\_\_  
 Name of the Instructor: \_\_\_\_\_  
 Credit Hours Received: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

5. Title of the Continuing Education (“CE”) : \_\_\_\_\_  
Subject Matter of the CE: \_\_\_\_\_  
Location Where the CE Took Place: \_\_\_\_\_  
Name of the Instructor: \_\_\_\_\_  
Credit Hours Received: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

**8. FEES**

Please mark the appropriate fee that applies to you.

\$95.00 Renewal fee – you are current with your renewal, which means your birthdate is forthcoming or is today.

\$135.00 Renewal fee, which includes the \$40.00 late fee – your renewal is past due (up to two years from your previous renewal or initial licensure).

\$220.00 Renewal fee, which includes the \$125.00 reinstatement fee – your renewal is past two years overdue, but not more than three years overdue from your previous renewal or initial licensure).

**Personal Attestation:**

I declare under penalty of perjury, under the laws of the State of Arizona, that the information given above is true and correct and that I am the person who was issued the original Arizona massage therapy license by the Arizona State Board of Massage Therapy.

\_\_\_\_\_  
**Applicant’s Signature**

\_\_\_\_\_  
**Date**