



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

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Name of Employer

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Physical Street Address you work at (not a P.O. Box)

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Phone Number (include area code)

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City

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State

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Zip Code

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Country

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Business or Work Email Address

**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

Business

Mailing (see below)

If you wish that neither your residential nor business address be the address of record, please list a mailing address below:

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Street Address or P.O. Box (this can be a P.O. Box for mailing)

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Phone Number (include area code)

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City

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State

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Zip Code

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Country

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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 or legal residency status 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.

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

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

If your renewal is on time, complete section A.

If your renewal is late complete sections A & B.

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

\_\_\_\_\_ By affixing my initials, I 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 then you must also provide proof of your continuing education.

**8. FEES**

Please mark the appropriate fee that applies to you.

- On time renewal fees \$95.00– you are current with your renewal, which means your birthdate is forthcoming or is today.
- Late fee renewal fees \$135.00, which includes the \$40.00 late fee – your renewal is past due (up to two years from your previous renewal or initial licensure).
- Late fee reinstatement fees \$220.00, 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.

Payment may be made by physical Cashier’s Check or Money Order.

Make payable to: Arizona State Board of Massage Therapy

**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.

\_\_\_\_\_  
**Signature**

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