



Arizona State Board of  
Massage Therapy  
“Protecting the Public’s Health”

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Phoenix, Arizona 85007  
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Douglas A. Ducey,  
Governor

**OUT-OF-STATE BOARD RECOGNIZED SCHOOL APPLICATION**

A.R.S. § 32-4228(B): “The [Arizona State Board of Massage Therapy] (“Board”) shall recognize a school of massage therapy located in another state or a Canadian province if it is accredited or approved by an agency similar to the state board for private postsecondary education or it is accredited to offer massage therapy education by an agency recognized by the secretary of the United States department of education.”

**SCHOOL INFORMATION**

School Name

Address

Phone

City

State

Zip

Country

Website

Fax

**AUTHORIZED SCHOOL AGENT**

Name and Title

Address

Phone

City

State

Zip

Country

Email

Fax

**ACCREDITATION – Application must be accompanied by documentation from an agency similar to the Arizona State Board for Private Postsecondary Education that states the applicant meets the requirements of the agency.**

Accrediting Agency Name

Address

Phone

City

State

Zip

Country

Email

Fax

**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. Rev. 12/11/2020

**PROFESSIONAL FITNESS**

- 1. Within 10 years before the date of filing this application, has any person with at least 20% ownership of the applicant school *or* an officer *or* employee who controls, manages or represents the applicant school been convicted of any crime, regardless of whether the crime is a misdemeanor or felony, that a reasonable person would consider relevant to the legal and ethical operation of an educational institution? Yes  No
  
- 2. Within 10 years before the date of filing this application, has any person with at least 20% ownership of the applicant school *or* an officer *or* employee who controls, manages or represents the applicant school had a license to operate a vocational or degree-granting institution revoked? Yes  No

\*If you answered yes to question 1 and if the conviction was discharged, expunged, set aside or vacated, the Board shall consider this fact when exercising its discretionary power.

**ATTESTATION**

I declare under penalty of perjury that the foregoing is true and correct; that I am the authorized agent herein named subscribing to this application; 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 and were procured without fraud or misrepresentation or any mistake of which I am aware. 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 or revoke approval of the school by the Board.

\_\_\_\_\_  
Authorized School Agent Signature

\_\_\_\_\_  
Date