

Arizona State Board of Massage Therapy

"Protecting the Public's Health"

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W: <u>https://massagetherapy.az.gov</u>

VERIFICATION OF NON-ARIZONA MASSAGE THERAPY LICENSE

<u>Instructions (to applicant):</u> Please type or print in the following fields of the *upper portion only* and when complete, send it directly to each jurisdiction in which you either hold, held or have applied for a massage therapy license. The other jurisdiction will complete the lower portion and return it directly to the Arizona State Board of Massage Therapy. Please note: Each jurisdiction may require a fee and that fee must be submitted along with this form. Last Name First Name Middle Name Street Address City State Zip Code Phone Number (include area code) Last 4 Digits of SSN Date of Birth Please list all other names, including former/maiden or other aliases I authorize the release of all pertinent information, favorable or otherwise, to the Arizona State Board of Massage Therapy **Applicant's Signature** Date Instructions (to other jurisdiction): Please complete following fields, sign and return it to the Arizona State Board of Massage Therapy to the address listed above. Emailed responses will be accepted at info@massageboard.az.gov. Please affix your authorizing Seal. License Number Issue Date Current Status Expiry/Cancellation Date Was the license obtained by reciprocity/endorsement? Yes No If yes, from which jurisdiction? Is the applicant currently the subject of an unresolved complaint in your jurisdiction? Yes If yes, please attach details. Has the applicant's license ever been denied, suspended, revoked, allowed to be surrendered, placed on probation or otherwise incurred any disciplinary proceedings? Yes No If yes, please attach details. Has the applicant been licensed for at least two of the last five years? Yes No If no, please attach details. Affix Seal Here Title Name of Person who Completed Form Jurisdiction Name and Street Address City Zip Code State Phone Number (include area code)

I certify, to the best of my knowledge, that the information provided is true and accurate.

Representative's Signature