



Arizona State Board of Massage Therapy
"Protecting the Public's Health"

1740 West Adams, Suite 3401
Phoenix, Arizona 85007
E: info@massageboard.az.gov
W: https://massagetherapy.az.gov

Douglas A. Ducey, Governor

VERIFICATION OF NON-ARIZONA MASSAGE THERAPY LICENSE

Instructions (to applicant): 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 No

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.



Name of Person who Completed Form Title

Jurisdiction Name and Street Address

City State Zip Code Phone Number (include area code)

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

Representative's Signature Date