



Douglas A. Ducey,
Governor

Arizona State Board of Massage Therapy

“Protecting the Public’s Health”

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E: info@massageboard.az.gov
W: <https://massagetherapy.az.gov>

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 legibly affix your authorizing Seal.

License Number

Issue Date

Current Status

Expiry/Cancellation Date

Is the applicant currently the subject of an unresolved complaint in your jurisdiction? Yes No
If yes, please attach details.

Has the applicant ever been incurred any disciplinary proceedings? Yes No
If yes, please attach details.

Has the applicant been licensed continuously for 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

Affix Seal Here

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.