

Governor

Representative's Signature

Arizona State Board of Massage Therapy

"Protecting the Public's Health"

1740 West Adams, Suite 3401 Phoenix, Arizona 85007 P: (602)542-8604

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

<u>VERIFICATION OF NON-ARIZONA MASSAGE THERAPY LICENSE</u> <u>Instructions (to applicant):</u> Please type or print in the following fields of the *upper portion only* and when complete, send it directly

	ubmitted along with this fo				
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 releas	se of all pertinent informa	ation, favorable o	or otherwise, to the Ari	zona State Board of Massage Therapy	
Applicant's Signature		 Date			
				the Arizona State Board of Massage Therapy. Please affix your authorizing Seal.	
License Number	Issue Date		Current Status	Expiry/Cancellation Date	
Was the license obtain	ned by reciprocity/endorser	ment? Yes 1	No If yes, from wh	ich jurisdiction?	
Is the applicant curren If yes, please attach of	tly the subject of an unresc	olved complaint in	n your jurisdiction? Yes	No No	
any disciplinary proce	edings? Yes No	pended, revoked,	allowed to be surrendere	ed, placed on probation or otherwise incurred	
If yes, please attach o	licensed for at least two	of the last five year	ars? Yes No	Affix Seal Here	
Has the applicant beer					
Has the applicant beer If no, please attach d	etails.		le		
Has the applicant beer If no, please attach d Name of Person who	etails. Completed Form	Tit	le		
Has the applicant beer If no, please attach d Name of Person who C Jurisdiction Name and	etails. Completed Form	Tit	le Zip Code	Phone Number (include area code)	

Date