

# ARIZONA STATE BOARD OF MASSAGE THERAPY

## Instructions

ALL FEES ARE NONREFUNDABLE.

There are two ways to obtain a license to perform massage therapy: **Reciprocity or Regular.**

All submitted documentation will be held on file for 1 year.

**RECIPROCITY** applies to applicants who meet Provision 1 or Provision 2 as stated below:

1. **Provision 1:** An applicant who has been STATE licensed for at least five continuous years immediately before the application submission date, and the state has standards substantially equivalent to Arizona standards.

**Required:** Licensure verification must be submitted directly to this Board from the licensing agency.

2. **Provision 2:** An applicant who holds current certification from the NCBTMB or another agency the Board recognizes as meeting equivalent educational and training standards. (*Note: MBLEX does not certify*) and graduated from a board-approved school\* with at least 500 hours or more.

**Required:** Exam results must be submitted directly to this Board from the testing agency.

Massage school transcript reflecting completed clock hours must be submitted directly to this board from the school. \*

**REGULAR** is for all other applicants.

1. An applicant who has graduated from an Arizona recognized school\* located outside Arizona with at least 700 hours and passed an exam for State Licensing given by the Federation Board (MBLEX) or the National Certification Board for Therapeutic Massage and Bodywork.

**Required:** Massage school transcript reflecting completed clock hours must be submitted directly to this board from the school.\*

Exam results must be submitted directly to this Board from the testing agency.

2. An applicant who has graduated from an accredited Arizona recognized school\* with at least 700 hours. If the school is not accredited, the applicant must also pass a test given by the Federation Board (MBLEX) or an exam given by the National Certification Board for Therapeutic Massage and Bodywork.

**Required:** Massage school transcript reflecting completed clock hours must be submitted directly to this board from the school.\*

If needed, exam results must be submitted directly to this Board from the testing agency.

\* **The “Recognized School List” is on the Board website under the *Massage Schools* tab. If the applicant’s massage school is not on the “Approved School List”, the school must complete and submit a “School Application” (found under the “Schools” tab on the Board website). The school must be approved before the applicant may apply. Allow 14 business days before inquiring as to the status of the school’s application for approval.**

Please help us help you by *not calling* the Board to inquire if your application has been received or processed unless it has been more than four (4) weeks.

**Federation of State Massage Therapy Board**

[www.fsmtb.org](http://www.fsmtb.org) [mblex@fsmtb.org](mailto:mblex@fsmtb.org) Phone: 1-866-962-3926

**National Certification Board for Therapeutic Massage and Bodywork:**



Name: \_\_\_\_\_

10. Is English your native language?  Yes  No

If yes, go to question 11.

If no, state your native language \_\_\_\_\_

If no, did you take and pass either the TOEFL or TOEIC exam?  Yes  No

Please state which entity. \_\_\_\_\_

Have you requested the exam results be sent directly to this Board from the testing entity?  Yes  No

11. Indicate your status by checking the correct box below.

U.S. citizen  Non U.S. citizen.

**Attach a legible copy of a document from the attached list that demonstrates your status.**

12. Name and address of High School(s) attended or name and address of High School equivalency exam

_____	_____	_____	_____
Name	City	State	Zip Code
Date of Graduation _____	Date earned High School equivalency _____	Date passed ATB _____	
(Document copy is required for ATB)			

13. Name(s) and address(es) of massage school(s) attended.

_____	_____	_____	_____
Name	City	State	Zip Code
Number of classroom & clinical hours _____		Graduation Date _____	

_____	_____	_____	_____
Name	City	State	Zip Code
Number of classroom & clinical hours _____		Graduation Date _____	

14. Did you take an exam with the NCBTMB?  YES  NO Date exam taken or pending test date \_\_\_\_\_

Date requested results sent to the board \_\_\_\_\_

Did you take the MBLEX with the FSMTB?  YES  NO Date exam taken or pending test date \_\_\_\_\_

Date requested results sent to the board \_\_\_\_\_

15. Have you held a **STATE** Massage License in another state  YES  NO **(City Licensure is not equivalent)**

**If you answered yes, a State verification form from each state must be sent directly to the Board from that state. (a form to request verifications is on our website)**

List all of the **Licensed States** in which you held a massage license. List how many years each license has been held.

A. State \_\_\_\_\_ B. State \_\_\_\_\_ C. State \_\_\_\_\_  
Years held \_\_\_\_\_ Years held \_\_\_\_\_ Years held \_\_\_\_\_

Name: \_\_\_\_\_

**YOU MUST ANSWER ALL OF THESE QUESTIONS** by checking the appropriate yes or no box.

The fact that a conviction and/or criminal offense has been pardoned, expunged, dismissed, or that your civil rights have been restored does not mean that you can answer "NO" to the following questions.

16. Within five years before the date of this application, have you been convicted of a class 1, 2, or 3 felony? A.R.S. §32-4222(A)(7)(b), A.A.C. R4—15-101(10)(a)	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have you been convicted of a class 4, 5, or 6 felony involving moral turpitude that is reasonably related to the practice of massage therapy? A.R.S. §32-4222(A)(7)(b)	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Have you been convicted of a misdemeanor involving prostitution, solicitation or other similar offense involving moral turpitude that is reasonably related to the practice of massage therapy? A.R.S. §32-4222(7)(c)	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Within five years before the date of this application, have you been convicted of an act involving dishonesty, fraud, misrepresentation, gross negligence or incompetence? A.A.C. R4-15-101(10)(b)	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are you currently incarcerated or on community supervision after a period of incarceration in a local, state or federal penal institution? Are you on probation? A.A.C. R4-15-101(10)(b)	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Within five years before the date of this application, have you had a massage therapy certification/license revoked or suspended by a national massage therapy licensing or certifying agency? A.A.C. R4-15-101(10)(c)	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Have you voluntarily surrendered a license? A.R.S. §32-4222(A)(8)	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Within five years before the date of this application, have you had a license to practice massage therapy or another similar license revoked by a political subdivision of this state or a regulatory agency in another jurisdiction that would be subject to discipline pursuant to this chapter? A.R.S. §32-4222(A)(8)	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are you currently under investigation, suspension or restriction by a political subdivision of this state or a regulatory board in another jurisdiction in the United States for an act that occurred in that jurisdiction that would be subject to discipline pursuant to this chapter? A.R.S. §32-4222(A)(9)	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered **YES** to any of the questions 16 through 24, you must attach copies of the court document(s) relating to the offense(s). If expunged, you must provide a copy of the notice of expungement and a notice of restoration of civil rights, if applicable. The documentation must include the date of conviction, final disposition of all courts having jurisdiction over the offense(s), and proof of release from parole or probation if applicable. You may not be issued a license if you are on probation.

The documentation must state the name, address, and phone number of the political subdivision or agency that took the action, the date of the action, and the reason for the action.

# YOU MUST SIGN THIS AFFIDAVIT IN THE PRESENCE OF A NOTARY

This application will be returned to the applicant if the form is not signed and is not properly notarized. You should keep a photocopy of this form for your records.

## 24. Affidavit of Applicant

I, \_\_\_\_\_, certify that I am the person described and identified in this application;

**Print Your Name**

I have answered all of the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.

I authorize all institutions or organizations, including educational institutions and organizations, my references, employers (past and present), business and professional associations (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Board any information, files or records required by the Board in connection with processing this application.

I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice Massage Therapy in the State of Arizona.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

State: \_\_\_\_\_

County: \_\_\_\_\_

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ by the affiant, who personally appeared before me.

My Commission expires: \_\_\_\_\_

NOTARY PUBLIC SIGNATURE

(OFFICIAL STAMP)

## EVIDENCE OF U.S. CITIZENSHIP, U.S NATIONAL STATUS, OR ALIEN STATUS

### LIST A: U.S. CITIZEN OR U.S. NATIONAL

#### 41-1080. Licensing eligibility; authorized presence; documentation; applicability; definitions

A. Subject to subsections C and D of this section, an agency or political subdivision of this state shall not issue a license to an individual if the individual does not provide documentation of citizenship or alien status by presenting any of the following documents to the agency or political subdivision indicating that the individual's presence in the United States is authorized under federal law:

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
2. A driver license issued by a state that verifies lawful presence in the United States. The following states do not verify lawful presence: Illinois, New Mexico, Utah, and Washington.
3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
4. A United States certificate of birth abroad.
5. A United States passport.
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.

## LIST B: QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED INTO U.S. FOR LESS THAN ONE YEAR

The documents listed below that are registration documents are indicated with an asterisk ("\*").

### a. **“Qualified Aliens”**

Evidence of “Qualified Alien” status includes the following:

\_ \*I-94 Form with a photograph

#### ***Alien Lawfully Admitted for Permanent Residence***

\*Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or  
Unexpired Temporary I-551 stamp in foreign passport or on \*I Form I-94.

#### ***Asylee***

\* Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;  
\*Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (5)";  
\* Form I-766 (Employment Authorization Document) annotated "A5";  
Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or  
Order of an immigration judge granting asylum.

#### ***Refugee***

\* Form I-94 annotated with stamp showing admission under § 207 of the INA;  
\* Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"; or  
\* Form I-766 (Employment Authorization Document) annotated "A3"

#### ***Alien Paroled Into the U.S. for a Least One Year***

\* Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

#### ***Alien Whose Deportation or Removal Was Withheld***

\* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";  
\* Form I-766 (Employment Authorization Document) annotated "A10"; or  
Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.

#### ***Alien Granted Conditional Entry***

\* Form I-94 with stamp showing admission under §203(a)(7) of the INA;  
\* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or  
\* Form I-766 (Employment Authorization Document) annotated "A3."

#### ***Cuban/Haitian Entrant***

\* Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;  
Unexpired temporary I-551 stamp in foreign passport or on \* Form I-94 with the code CU6 or CU7; or  
Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.

#### ***Alien Who Has Been Declared a Battered Alien or Alien Subjected to Extreme Cruelty***

U.S. Citizenship and Immigration Service petition and supporting documentation

### b. **“Nonimmigrant”**

Evidence of “Nonimmigrant” status includes the following:

\* Form I-94 with stamp showing authorized admission as nonimmigrant

### c. **“Alien Paroled into U.S. for Less than One Year”**

Evidence includes:

\* Form I-94 with stamp showing admission for less than one year under section 212(d) (5) of the INA

# Fingerprint Card Instructions

Applicants Law enforcement agencies perform fingerprinting services. Also private fingerprinting services are listed in the “Yellow Pages” or online. Contact the agency or company nearest you to determine cost and hours of availability. We will allow fingerprints that have been taken in another state other than Arizona. Clearance cards not acceptable. We request prints to be done a standard white card with blue lines and the cards should say APPLICANT on the left hand corner and mailed along with your application.

**The information must be legible and typed or printed in BLACK ink only.  
DO NOT BEND THE FINGERPRINT CARD**

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**VERY IMPORTANT: INCLUDE SOCIAL SECURITY NUMBER. CARDS CANNOT BE PROCESSED WITHOUT THIS INFORMATION.**

## Completion of Applicant Fingerprint Card

1. Applicant’s name: Last Name, First Name, Middle Name
2. Date of Birth: If unknown, list the approximate age or year of birth
3. Place of birth includes only the state or country using authorized coded abbreviations.
4. To conform with the ACIC and NCIC Reporting System, the following abbreviations are used for physical identification:
  - a. **Race:**
    - A = Asian/Pacific Islander
    - B = Black
    - I = Native American/Alaskan Native
    - H= Hispanic
    - W = White
    - U = Unknown
  - b. **Height:** Use feet & inch measurements: 5’11” for 5 feet 11 inches, not 71 inches
  - c. **Weight:** Whole numbers only using U.S. pounds
  - d. 

<b>Eye Color:</b>	<b>Hair Color</b>
Blk/Black	BLK / Black
Blu/Blue	BRN / Brown
BRO/Brown	WHI / White
GRN/Green	SDY / Sandy
HAZ/Hazel	BLN / Blonde
MAR/Maroon	RED / Red-Auburn
PNK/Pink	GRY / Gray