ARIZONA STATE BOARD OF MASSAGE THERAPY

REQUIREMENTS: 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:

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.

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.

INSTRUCTIONS: Complete the application provided below, which includes the following:

1. Provide a color 2 x 2 photo.
2. Provide a fingerprint card with your application. The card should have APPLICANT on the left hand corner.
3. Proof of U.S. Citizenship / Non U.S. Citizenship. List A and B are included with this packet.
4. Page #4 of the application must be notarized correctly.
5. A money order or a cashier check only will be accepted for payment; payable to the AZ MASSAGE BOARD.
6. Transcripts, verifications, and test scores should be sent directly from the source to us.

Once your application is received and is in process, you may receive notification of incompleteness through an email or U.S. mail notifying you of documents that are necessary to complete your application. Please do not contact the Board to inquire if your application has been received or processed for at least (3) weeks. It should take about 6 to 8 weeks to process your application as long as the application is complete. When checking the status of your application, you can email the board: info@massageboard.az.gov. You can also view your status on our website.

Federation of State Massage Therapy Board: www.fsmtb.org  mblex@fsmtb.org  Phone: 1-866-962-3926
National Certification Board for Therapeutic Massage and Bodywork: www.ncbtmb.org  1-800-296-0664

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INITIAL LICENSE APPLICATION

Application must be complete – Fill in all blanks

☐ Regular License Application    ☐ Reciprocity License Application

MONEY ORDERS or CASHIER CHECKS ONLY: PAYABLE TO THE AZ MASSAGE BOARD (ALL FEES ARE NONREFUNDABLE)

$217.00 Money Order or Cashier Check – Total fee to process a 2-year License

$242.00 Money Order or Cashier Check – This includes a $25.00 fee for an optional wall certificate

TYPE or PRINT LEGIBLY

1. Social Security Number: __________--__________--_________

2. Current legal name as it will appear on your license
   _______________________________________________________________________
   first   middle    last

3. List all names you have used - this includes each married, maiden and alias names.
   _______________________________________________________________________

4. Physical home address: NO Post Office Box address can be used for home address (see # 6)
   Street address ____________________________________________________________
   Ste #  City  State  Zip Code
   Phone numbers are required: Home __________/__________/_______________________

5. Work address if different from home. Name: ____________________________________
   Street address ____________________________________________________________
   Ste #  City  State  Zip Code
   Phone number __________/__________/_______________________

6. Mailing address if different from home. Post Office Boxes are acceptable
   PO Box / Street address _____________________________________________________
   Ste #  City  State  Zip Code
   Indicate by checking the box which address you want posted on the Website: ☐ Home  ☐ Work  ☐ Mailing address
   Home address will be public if no other address is given

7. Email address _____________________________________________________________

8. Additional phone numbers if any: Cell_____________________________________

9. Date of Birth: __________/__________/_________   Place of Birth: __________________________, ________________________

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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.
    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. (Reciprocity #2 and all Regular applicants require transcripts)

    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____________

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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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)(a), A.A.C. R4-15-101(14)(a)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>17. Within five years before the date of this application, 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)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>18. Within five years before the date of this application, 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(A)(7)(c)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>19. Have you ever been convicted of an act involving dishonesty, fraud, misrepresentation, gross negligence or incompetence? A.A.C. R4-15-104(14)(b)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>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. R4-15-104(14)(c)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>21. Have you ever 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)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>22. Have you voluntarily surrendered a license? A.R.S. §32-4222(A)(8)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>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)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>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)</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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.

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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.


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.


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";
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

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

DO NOT BEND THE FINGERPRINT CARD

Take the fingerprint card to a fingerprinting service and request the technician roll your prints onto the card.

Completion of Applicant Fingerprint Card

The information must be legible and typed or printed in BLACK ink only.
Incomplete cards will be returned to you.

1. Print your name: Last, first, and middle name.
2. Sign your name in the signature box.
3. Enter the address of the person being fingerprinted.
4. Enter your social security number.
5. Enter your date of Birth.
6. Enter your sex.
7. Enter your race using the abbreviations below:
   
   **Race**
   A = Asian/Pacific Islander
   B = Black
   I = Native American/Alaskan Native
   H = Hispanic
   W = White
   U = Unknown

8. Enter your height (HGT): Use feet & inch measurements: 5’11” for 5 feet 11 inches, not 71 inches.
9. Enter your weight (WGT): Use whole numbers only in U.S. pounds.
10. Enter your eye and hair color using the abbreviations below:
    
    **Eye and Hair Color Abbreviations**
    Blk = Black
    Bln = Blonde
    Red = Red/Auburn
    Gry = Gray
    Sdy = Sandy
    Whi = White
    Blu = Blue
    Bro = Brown
    Grn = Green
    Haz = Hazel
    Mar = Maroon
    Pnk = Pink
    XXX = Unknown

11. Place of birth: Include only the state or country using authorized coded abbreviations.

Submit the completed fingerprint card with your massage application.