



# Arkansas

STATE BOARD OF MASSAGE THERAPY

PO Box 2019  
 Little Rock, AR 72203  
 Phone: (501) 683-1448  
 Fax: (501) 683-1426

## Application for Licensure (2010-2012 Form)

All applicants for licensure must complete this form and submit it with the appropriate documentation and fees. Failure to complete all parts of the application or omission of required documents will delay the review and process of your application. Payment must be made by Cashier's Check or Money Order **Only**, payable to ASBMT.

### Personal Information

*Please Type or Print Legibly*

Name (First, Middle, Last)		Social Security Number	
Date of Birth	Email Address		Driver's License Number & State
Home Phone	Work Phone or Alternate Phone	How long at current address	
Physical Address		Suite/Apt	
City	State	Zip	County
Mailing Address (If different than Physical Address)		Suite/Apt	
City	State	Zip	County

**If you have resided in any State other than Arkansas, please list length of residency and address**  
 (attach additional sheets if necessary)

Previous Address	Suite/Apt	How long at previous address	
City	State	Zip	County
Previous Address	Suite/Apt	How long at previous address	
City	State	Zip	County

### Massage Therapy Training

School Name		Number of In-Classroom Hours Completed	
Address		Suite/Apt	
City	State	Zip	County
Director's Name	Phone	Enrollment Date	Graduation Date

### Personal Background - Please Check

- Are you a US Citizen? If no, list citizenship \_\_\_\_\_  Yes  No
- Are you a permanent Arkansas resident? If no, list city & state \_\_\_\_\_  Yes  No
- Have you ever been licensed or registered to practice massage therapy in another state? If yes, list dates and locations \_\_\_\_\_  Yes  No
- Have you ever worked as a massage therapist without holding a license? If yes, list where and briefly explain circumstances \_\_\_\_\_  Yes  No

**Personal Background/Criminal History – Please Check** (attach additional sheets if necessary)

- Have you ever been refused a license of certification to practice massage, or any other license or certification, or the renewal thereof, in any state or jurisdiction?  Yes  No
- Have you ever had a license or certification of registration to practice massage therapy or any other licensed profession revoked, denied, restricted, suspended or otherwise acted against (including probation, fine, reprimand or surrender license) in a disciplinary proceeding in any state, federal, or foreign authority; or have you ever surrendered such credential to avoid or in connection with such action by such authority?  Yes  No
- Have you ever been convicted of or found guilty of or entered a plea or nolo contendere to any offense that would constitute a felony or constitute the offense of prostitution, either in this state or the United States?  Yes  No

**If you answered yes to any of the above questions you must attach complete details as to jurisdiction (state & county), offense, disposition, license numbers, dates, and relevant circumstances.**

**Educational Background** (attach additional sheets if necessary)

School Name	Start Date	End Date
Address Suite/Apt	Total Credits	GPA
City State Zip	County	
Program Name & Brief Description	Diploma, Certificate, Degree Awarded	
School Name	Start Date	End Date
Address Suite/Apt	Total Credits	GPA
City State Zip	County	
Program Name & Brief Description	Diploma, Certificate, Degree Awarded	

**Employment** (attach additional sheets if necessary)

Business Name	Start Date	End Date
Supervisor/Employer's Name	Phone	
Address	Suite/Apt	Position/Job Title
City	State	Zip
County		
Duties/Job Description		
Business Name	Start Date	End Date
Supervisor/Employer's Name	Phone	
Address	Suite/Apt	Position/Job Title
City	State	Zip
County		
Duties/Job Description		
Business Name	Start Date	End Date
Supervisor/Employer's Name	Phone	
Address	Suite/Apt	Position/Job Title
City	State	Zip
County		
Duties/Job Description		
Business Name	Start Date	End Date
Supervisor/Employer's Name	Phone	
Address	Suite/Apt	Position/Job Title
City	State	Zip
County		
Duties/Job Description		
Business Name	Start Date	End Date
Supervisor/Employer's Name	Phone	
Address	Suite/Apt	Position/Job Title
City	State	Zip
County		
Duties/Job Description		

**Personal References (Do not list relatives)**

Name	Occupation/Job Title	Years Known
Address	Suite/Apt	Home Phone
City	State Zip	Work Phone
Name	Occupation/Job Title	Years Known
Address	Suite/Apt	Home Phone
City	State Zip	Work Phone
Name	Occupation/Job Title	Years Known
Address	Suite/Apt	Home Phone
City	State Zip	Work Phone

***Affidavit of Applicant with Acknowledgment***  
(Notarization required)

**Applicant**

I declare and affirm that the statements made in this application, and any accompanying documents, are true, complete, and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Notary**  
State of \_\_\_\_\_

County of \_\_\_\_\_

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
by \_\_\_\_\_, who personally appeared before me.

\_\_\_\_\_  
Notary Public Signature

(SEAL)

\_\_\_\_\_  
Notary commission expiration date