



Arkansas

STATE BOARD OF MASSAGE THERAPY

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

Application for Upgrade 2010 – 2012

Upgrade To: Master Massage Therapist, \$155.00 Massage Therapy Instructor, \$155.00

Copy of Current License: Yes No Current and Active: Yes No

Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Business Phone: _____ Home Phone: _____

Driver's License Number: _____ Social Security Number: _____

Professional Licensure History – Please Check (Attach additional sheets if necessary)

- A) 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
- B) Have you had a license or certification of registration to practice massage 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
- C) Have you ever been convicted of or found guilty of or entered a plea of guiltily 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

Checklist of attachments for this upgrade request:

- Verification of CEU hours
- Copies of advertising (if a business owner)
- Copy of Current Arkansas License
- Application Fee (\$75.00)
- License Fee (\$80.00) Upgrade to Master Massage Therapist or (\$80.00) Upgrade to Massage Therapy Instructor

Payment shall be submitted in the form of a Cashier's Check or Money Order payable to the Arkansas State Board of Massage Therapy (ASBMT).

Certification of Practical Experience

I certify that I have completed the 250 hours of practical experience as a:

- Massage Therapist for upgrade to Master Massage Therapist; or
- Master Massage Therapist for upgrade to Massage Therapy Instructor

As stated in the Arkansas State Board of Massage Therapy Law, Act 1461 of 1999; House Bill 1516.

NOTICE

Your application must be received at least thirty (30) days prior to the next regularly scheduled Board Meeting. Please submit an original application, all supporting documents along with seven (7) copies of your application and supporting documents.

Affidavit of Applicant with Acknowledgment
(Must be Notarized)

Applicant

I declare and affirm that the statements made in this application, including Certification of Practical Experience 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

License #: _____

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