



**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 ever 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 guilty 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.

***NOTE: The Arkansas State Board of Massage Therapy reserves the right to request a Criminal Background Check before the issuance of a license.***

***Affirmation of Applicant***

**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. I also certify that I have not practiced in massage therapy during my inactive status.

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

License #: \_\_\_\_\_

\_\_\_\_\_  
Date