

**Arkansas Department of Health
Cosmetology and Massage Therapy Section
4815 West Markham, Slot #8
Little Rock, AR 72205
Phone: (501) 683-1448
Fax: (501) 682-5640**

**Qualifications and Instruction for Licensure set forth in ACA §17-86-101 also
known as the Arkansas Massage Therapy Act;
License transfer is not available for California, Delaware, Minnesota,
Oklahoma, Texas, Vermont or Wyoming**

BEFORE APPLYING FOR LICENSURE:

Each out-of-state applicant must have the state board or office where you hold an **active** massage therapy license complete an Out of State License Verification form (LINK BELOW) and submit/return it directly to the Arkansas Department of Health **before** you submit your application.

<https://www.healthy.arkansas.gov/images/uploads/pdf/OOSVerification.pdf>

Out-of-state Active License Transfer Requirements:

1. Applicant must be 18 years of age or older;
2. Identification - Valid **Photo ID** – (Driver’s License, State Issued ID Card, Passport, or US Military ID);
3. Social Security Card – A copy of your social security card;
4. Copy of current license.
5. Application – (attached below)
6. Payment - \$216.25 (non-refundable)
7. Background Checks: All applicants for licensure must receive background checks – The \$36.25 fee for background check processing is now included in the licensure application fee. When the application form is processed, background forms will be e-mailed to you with instructions to begin the process. An additional fee will be charged by the ‘Harvester’ location when supplying your fingerprints, the fee will be paid to them for taking and submitting the fingerprints and is not included in the application fee.

**THE \$216.25 NON-REFUNDABLE FEE IS DUE AT THE TIME YOU SUBMIT THE
FORM AND THE REQUIRED ATTACHMENTS. THE FEE AND APPLICATION
EXPIRE ONE (1) YEAR AFTER APPLICATION DATE.**

**APPLICATION PACKET MUST CONTAIN NUMBERS 2-7 BEFORE BEING
SUBMITTED TO THE SECTION; INCOMPLETE PACKETS WILL BE
RETURNED TO APPLICANT.**

Arkansas Massage Therapy Law Exam

- Once all application materials are received, reviewed and approved, the Massage Section will contact you via e-mail with instruction and link to take the online state law test. A temporary license will be issued permitting therapist to work at the least 90 days while background results are being processed.

Arkansas Department of Health Massage Therapy Section Non-refundable Application Fees

- Application Fee \$ 75.00
- License Fee \$ 80.00
- Law Exam Fee \$ 25.00
- Background Fee \$36.25
- Total Fee \$216.25 Above fees are payable to ADH – Massage Therapy.

Contact Information

Arkansas Department of Health – Massage Therapy Section Mailing

Address:

4815 West Markham, Slot #8
Little Rock, AR 72205
Phone: 501-683-1448

Physical Address:

4815 West Markham
Little Rock, AR 72205

website: www.healthy.arkansas.gov/cos

Application for Licensure

All applicants for licensure must complete this form and submit it with the appropriate documentation and \$216.25 **NON-REFUNDABLE** application fee. 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 payable to ADH-Massage Therapy. (Personal checks, cashier's check, and money order are accepted) **All applications and fees expire one year from application date.**

Personal Information

Please Type or Print Legibly

Name (First, Middle, Last)		Social Security Number	
Date of Birth	Email Address		
Cell Phone	Home Phone	Work Phone or Alternate Phone	
Physical Address		Suite/Apt	
City	State	Zip	County
Mailing Address (If different than Physical Address)		Suite/Apt	
City	State	Zip	County
<p>Disclosure of a social security number by an applicant is mandatory under Ark. Code Ann. §17-1-104(a) which states: <i>“On and after July 1, 1997, all persons, agencies, boards, commissions, or other licensing entities issuing <u>any</u> occupational, professional, or business license pursuant to titles 2-6, 8, 9, 14, 15, 17, 20, 22, 23, and 27 of the Arkansas Code Annotated shall record the name, address, and social security number of each person <u>applying for such a license.</u>”</i></p>			

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		

State Information of Active Licensure

State/Department Name		Phone	
Address		Suite/Apt	
City	State	Zip	County
<p><small>Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.</small></p> <p><small>Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.</small></p> <p><small>Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.</small></p>			

Affidavit of Applicant with Acknowledgment
(Notarization required)

Applicant

I, the undersigned understand the personal information and fingerprints submitted by ADH, Section of Cosmetology and Massage Therapy are used to search against criminal identification records from both Arkansas Crime Information Center (ACIC) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to ADH, Section of Cosmetology and Massage Therapy. I further understand ACIC and the FBI may also retain the submitted information and fingerprints as Permitted by the Privacy Act of 1974, 5 USC §552a, for routine uses beyond the principal purpose listed above.

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