

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

### Application for Upgrade

Complete this application to upgrade a current active massage therapy license to master massage therapy license or to upgrade a master massage therapy license to massage therapy instructor license. **THIS APPLICATION DOES NOT REPLACE A RENEWAL APPLICATION HOWEVER BOTH A RENEWAL APPLICATION AND AN APPLICATION FOR UPGRADE ALONG WITH APPROPRIATE FEES FOR BOTH APPLICATIONS CAN BE MAILED AT THE SAME TIME.**

**ALL applications and fees expire one year from application date.**

Renewal applications can be found on the Arkansas Department of Health website: [http://www.healthy.arkansas.gov/images/uploads/pdf/Instructions\\_and\\_Application\\_for\\_Licensure\\_renewal\\_revised\\_11.pdf](http://www.healthy.arkansas.gov/images/uploads/pdf/Instructions_and_Application_for_Licensure_renewal_revised_11.pdf)

Upgrade To:  Master Massage Therapist, \$191.25     Massage Therapy Instructor, \$191.25

Copy of Current License:     Yes     No                      License #: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**NOTE: All applicants for upgrade 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.

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 Health Massage Therapy Laws, Act 1020 of 2015.



**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

\_\_\_\_\_  
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