

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

INSTRUCTION FOR LICENSE RENEWAL

A LICENSE CANNOT BE ISSUED UNTIL ALL APPLICATION REQUIREMENTS ARE COMPLETE AND ALL FEES HAVE BEEN PAID. ALL FEES ARE NON-REFUNDABLE.

You must have completed eighteen (18) hours of Continuing Education (CE) hours prior to renewal of your license. You must fully complete and return the renewal application along with ALL required CE documentation. ALL incomplete renewal packets will be returned and may be subject to late fees and penalties.

Continuing Education (CE) Requirements:

Submit eighteen (18) CE's for renewal. Of these only 6 may be from online/In home courses. ALL Continuing Education hours submitted for renewal MUST be Department approved and earned during current renewal period. Any renewal submitted with CE's not approved by the Department will be returned to licensee and may be subject to late fees. **NO CARRYOVER HOURS**

A TB Test IS NOT REQUIRED for renewal.

YOU MAY NOT UPGRADE YOUR LICENSE THROUGH RENEWAL. You must complete the Application for Upgrade if you wish to upgrade with all applicable fees.

Change of Address: You are required to notify the Arkansas Department of Health-Cosmetology/Massage Therapy Section in writing of any change to your mailing address, telephone number, or business location. We will not accept any changes by telephone or voicemail. You may send all written requests by US Mail to the above address, emailed to adh.massage@arkansas.gov or faxed to 501-682-5640.

Name Change: Name changes require legal documentation showing the name change. Valid government issued photo identification is required. Please make sure that a **PHOTOCOPY** of the following accompanies the request:

1. Copy of state issued driver's license with current name and address; or
2. Other form of government issued identification with current name and address.

Practicing Without a License: Advertising or practicing massage without a current, active massage therapy license issued by the Arkansas Department of Health-Cosmetology/Massage Therapy Section is a violation of state law and subject to penalties and fines as assessed by the Department.

Inactive Status: All requests for 'inactive' status must be postmarked by the **FIRST** day of the month prior to the month of your renewal (birth date) and submitted on the proper form with correct fees. Any requests postmarked after this date are **EXPIRED** and may be treated as a late renewal subject to late fees.

Late Renewals (Expired Licenses): Renewals postmarked after the first day of the month preceding your birth date may be subject to penalty for late renewal.

Lost Mail: The Section are not responsible for lost or misdirected mail.

Questions? Please call 501-683-1448.

Additional information can be found on our website healthy.arkansas.gov

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

Massage Therapist License Renewal
 (LMT, MMT, MTI)

This form must be completed entirely and submitted with your \$80 **non-refundable** renewal fee **postmarked by the first day of the month before your birth date**. Incomplete renewal packets will not be processed and may be returned for completion and subject to late penalty fees.

Renewal packets postmarked after the first day of the month before your birth date through your birth date are considered late and are subject to a \$25.00 penalty fee.

If your renewal is postmarked after your birth date, your license is **expired**. You must apply for a new license and meet all current requirements for licensure.

Payment must be made **payable to Arkansas Department of Health-Cosmetology/Massage Therapy Section**. (Personal check, cashier's checks or Money Order are accepted)

Type or print legibly

License Status (circle one) License Type (circle one)

| | | | | |
|---|------------------------|--|-----------------|------------|
| Name (First, Middle, Last) | | Active Inactive | LMT MMT MTI | License #: |
| Name as you wish for it to appear on your license | | Cell Phone | Home Phone | |
| Date of Birth | Social Security Number | Email | | |
| Mailing Address | | Suite/Apt | | |
| City | State | Zip | County | |
| Physical/Business Address (if different than Mailing Address) | | Suite/Apt | | |
| City | State | Zip | County | |
| Place of Employment | | Business Phone | | |
| Check List – To Remain on Active Status | | | | |
| _____ Completed renewal Form | | _____ Non-refundable License Fee -\$80.00 | | |
| _____ CEU Certificate 18 hours | | _____ Copy of Previous License | | |
| ADDITIONAL REQUEST | | CHECK LIST – To Go on Inactive Status | | |
| _____ Duplicate Fee - \$10.00 – Each | | _____ Completed Renewal Form | | |
| _____ Number of Duplicates requested | | _____ Copy of Previous License | | |
| | | _____ Non-refundable License Fee - \$80.00 | | |

By my signature below, I certify that all information is true, accurate and complete to the best of my knowledge. I understand that providing incomplete or inaccurate information will result in a delay of my renewal and may result in penalty fees and/or disciplinary action by the Board.

Signature _____

Date _____