

**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;**

***Out-of-state Military Applicant 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. A copy of the Sponsors Active Duty Military Orders as required by §17-1-106;
5. Education- Copy of High School Diploma and/or Transcript, College Diploma and/or Transcript, or GED;
6. TB Test – A current TB Test (Less than a year old) Must be issued by a Qualified Medical Doctor (Excluding Chiropractors) on official letterhead, clinic form, or Health Card;
7. Massage School Diploma – A copy of your massage school diploma;
8. National Test Score - MBLEx or NCBTMB Exam Score Report;
9. Out of State License Verification-An out of state license verification form must be completed by each State Board or office where you hold or have ever held a massage therapy license use the following link for form.  
<http://www.healthy.arkansas.gov/programsServices/hsLicensingRegulation/MassageTherapy/Documents/OOSVerification.pdf>
10. Application – (attached below)
11. Payment - \$180.00 (non-refundable)
12. Massage School Transcript- Must be received directly from the massage therapy school administrator, director, or other school official in which applicant attended; ( Note: If the applicant's transcript is not obtainable from the original school, the applicant shall submit a statement to explain why it may not be obtained or other documentation of credentials may be submitted and accepted for licensure at the discretion of the department); **transcripts must provide detailed course descriptions for consideration of transfer of credits to be compared to the following statutory course requirements:**
  - 175 hours of anatomy, physiology, pathology, and contraindications to massage therapy;
  - 225 hours of technique;
  - 25 hours of hydrotherapy, electrotherapy, and heliotherapy;
  - 25 hours of hygiene and infection control;
  - 25 hours of massage therapy law, business management, and professional ethics; and
  - 25 hours of related subjects as approved by the board.
13. Background Checks- Upon receipt of application the Massage Therapy Section will mail background information and instructions to applicant. Background application, fingerprint cards and appropriate fees (MADE PAYABLE TO ARKANSAS STATE POLICE) **MUST BE MAILED DIRECTLY TO THE ADH MASSAGE THERAPY SECTION**, 4815 West Markham, Slot 8, Little Rock, AR 72205. Both Federal and State background check results must be sent directly to the Section from the issuing agency that performed the check.

**THE \$180 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 2-11 BEFORE  
BEING SUBMITTED TO THE SECTION; INCOMPLETE PACKETS  
WILL BE RETURNED TO APPLICANT.**

## Required Examinations Information:

### *National Certification Board for Therapeutic Massage & Bodywork (NCBTMB)*

- NCBTMB offers two exams for securing your state license in massage;
- **The National Certification Examination for Therapeutic Massage (NCETM) and National Certification Examination for Therapeutic Massage & Bodywork (NCETMB) Exams;**
- Depending on your area of interest, expertise and the requirements, you may choose to take either the NCETM (National Certification Examination for Therapeutic Massage) or the NCETMB (National Certification Examination for Therapeutic Massage & Bodywork);
- Both exams--based on your state requirements--may be used to become a licensed massage therapist.

The National Certification Board for Therapeutic Massage & Bodywork (NCBTMB)

Toll Free (NCBTMB): 1-800-296-0664

Or send an email to: [info@ncbtmb.org](mailto:info@ncbtmb.org)

Website: [www.ncbtmb.org](http://www.ncbtmb.org)

### *Massage and Bodywork Licensing Examination (MBLEx)*

- The MBLEx is administered by the Federation of State Massage Therapy Boards (FSMTB);
- Applicants must contact the FSMTB directly for MBLEx information or to schedule testing;
- MBLEx Handbook and Application form are available at [www.fsmtb.org](http://www.fsmtb.org);

The Federation of State Massage Therapy Boards (FSMTB)

Toll Free (MBLEx Specific): 866-962-3926

Fax: 615-846-0153

Toll Free (FSMTB): 888-703-7682

Website: [www.fsmtb.org](http://www.fsmtb.org) email: [info@fsmtb.org](mailto:info@fsmtb.org) MBLEx specific email: [mblex@fsmtb.org](mailto:mblex@fsmtb.org)

### *Arkansas Massage Therapy Law Exam*

- Once all application materials and associated background checks 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.

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

- Application Fee \$ 75.00
- License Fee \$ 80.00
- Law Exam Fee \$ 25.00
- Total Fee \$180.00

**\*If a re-take of the Arkansas Law Exam is necessary, an additional fee of \$25.00 per each re-take exam is required prior to re-testing.**

- 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](http://www.healthy.arkansas.gov/cos)

## Application for Licensure

*All applicants for licensure must complete this form and submit it with the appropriate documentation and \$180 **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 check, cashier's check or money orders 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 |        |
| Mailing Address   |               | Suite/Apt                     |        |
| City  | State         | Zip                           | County |
| Physical Address (If different than Mailing Address)  |               | Suite/Apt                     |        |
| City  | State         | Zip                           | County |
| <p><b>Disclosure of a social security number by an applicant is mandatory under Ark. Code Ann. §17-1-104(a) which states: "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>"</b></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 |                              |

### Massage Therapy Training

|                 |       |  |                 |  |
|-----------------|-------|--|-----------------|--|
| School Name     |       | Number of In-Classroom Hours Completed |                 |  |
| Address         |       | Suite/Apt                              |                 |  |
| City            | State | Zip                                    | County          |  |
| Director's Name | Phone | Enrollment Date                        | Graduation Date |  |

***Affidavit of Applicant with Acknowledgment***  
(Notarization required)

**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.

\_\_\_\_\_  
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