



Arizona State Board of Massage Therapy

1400 W Washington, Suite 300, Phoenix, AZ 85007

Phone 602.542.8604 ♦ Fax 602.542.8804

Website www.massagetherapy.az.gov ♦ Email: info@massageboard.state.az.gov

RENEWAL APPLICATION

Leave no blanks. Use N/A if not applicable.

Fee	\$95.00	MONEY ORDER or CASHIER CHECK ONLY PAYABLE TO THE ARIZONA MESSAGE BOARD
Delinquent Fee	\$40.00	
Optional – Wall Certificate available for \$25. Do you want a certificate? Yes <input type="checkbox"/> No <input type="checkbox"/> Include the additional amount to your Money Order.		

License number required MT- _____

Expiration date required ____ / ____ / ____

Birth date: mm ____ dd ____ yyyy ____

****Do not send a renewal form prior to 65 days of your expiration date. If received prior to 65 days of your expiration date, it will be returned to you by mail.**

1. Current name as it will appear on your license

first middle last

If your name has changed, attach legal court documentation (i.e. marriage certificate, divorce decree etc.)

2. Physical home address; No PO Box can be used for home address (see#4)

_____ / _____ / _____ / _____ / _____

Complete Street Address Apt# City State Zip Code

Phone is required Home # (_____) _____ - _____

3. Work or business address if different from home;

Name _____

_____ / _____ / _____ / _____ / _____

Street Address Ste # City State Zip Code

Business Phone # (_____) _____ - _____

4. Mailing address- if different from home or business:

_____ / _____ / _____ / _____ / _____

Street Address Apt/Ste City State Zip Code

Cell # (_____) _____ - _____

Indicate by checking the box which address you want posted on the Website: Home Work or Business Mailing
Home address will be public if no other address is given

5. Email address: print clearly

6. Citizen Status Declaration; Are you a US Citizen? ____ Yes ____ No.
Attach a legible copy of a document from List A which can be found on our website.

7. Alien Status Declaration: To be completed by applicants who are not citizens or national of the United States.
Attach a legible copy of a document from List B which can be found on our website.

OFFICIAL USE ONLY: DO NOT FILL IN	signed	CE	citizen prf	fee	late fee	updated	batch #	initials	Date mailed
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8. R4-15-301. Required Continuing Education Hours

- A. During the two-year period immediately preceding license expiration, a licensee applying for a renewal license shall have completed 25 hours of continuing education.
- B. A licensee **MAY** complete a maximum of 12 continuing education hours from a correspondence or distance learning format.
- CE's will only be accepted if they fall under the guidelines as prescribed in R4-15-(301) and (302). CE requirements can be found on the website at www.messageboard.az.gov. The licensee shall provide to the board CE copies of continuing education if requested by the Board. **DO NOT send CE proof along with your renewal form.**

9. A.R.S. 32-3208 requires reporting all felonies and some misdemeanors within ten days of the charge being filed. See our website for a list of reportable misdemeanors.

Required: I, the undersigned, do hereby attest under penalty of perjury, that I am the massage therapist named in this renewal; that all answers, facts and statements that are provided in this renewal are truthful. I am not omitting any information which may be of value to the Arizona State Board of Massage Therapy in considering this application for renewal of licensure.

I verify under oath that I have completed not less than 25 hours of continuing education, as described above, which I have in my possession, and that I will maintain the documents in my possession for 2 years.

Signature _____ Date _____

Use the checklist below to ensure your application is complete.

**DO NOT SUBMIT AN INCOMPLETE APPLICATION.
(Do not submit a personal check)**

1. Fee: **money order or cashier's check only**. Check appropriate amount below. **All fees are nonrefundable.**
Payable to the: **Arizona Massage Board**
____ Renewal \$95.00
____ Renewal and \$25.00 Wall Certificate (optional) = \$120.00
____ Renewal and \$40.00 delinquent fee = \$135.00 - If postmarked after your expiration date
____ Renewal and delinquent fee and Wall Certificate \$160.00
2. ____ A legible copy of citizen or alien status document. Most commonly used forms:
Citizen Status: Birth certificate, Passport or AZ Driver License issued after 1996. (From list A on website)
Alien Status: Resident Card, or Passport (from list B on website)

name on proof of citizenship/alien status must match the name on your renewal form – if it doesn't match, send documentation of name change.

3. ____ Application signed and dated in section 9
4. ____ Do not send a renewal form prior to 65 days of your expiration date.
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Renewals are processed in the order they are received.