

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

## Massage Therapy School Renewal Application Form

Due by April 30, (current year) – Any renewal postmarked May 1 (current year) through June 30 (current year), will be assessed a late penalty fee of \$500.00 – All licenses not renewed by June 30 (current year) are expired and must make new application. **Annual Renewal and Inspection Fee \$100.00 payable to ADH – Massage Therapy Section.**

### School Information *Type of Print Legibly*

|                                                                                                                                                                                                                                                        |       |                 |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------|-----------|
| Name                                                                                                                                                                                                                                                   |       |                 |           |
| Phone                                                                                                                                                                                                                                                  | Fax   | Email           |           |
| Mailing Address                                                                                                                                                                                                                                        |       |                 |           |
| City                                                                                                                                                                                                                                                   | State | Zip             | County    |
| Physical Address (if different than Mailing Address)                                                                                                                                                                                                   |       |                 | Suite/Apt |
| City                                                                                                                                                                                                                                                   | State | Zip             | County    |
| Owner's Name                                                                                                                                                                                                                                           |       | Director's Name |           |
| Staff MTI Name                                                                                                                                                                                                                                         |       | Contact Name    |           |
| Days Closed<br><input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday |       |                 |           |
| Hours of Operation _____                                                                                                                                                                                                                               |       |                 |           |

### Instructors (attach additional sheets if necessary)

|                       |              |                |
|-----------------------|--------------|----------------|
| Name                  | License Type | License Number |
| Courses Taught/Duties |              |                |
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| Name                  | License Type | License Number |
| Courses Taught/Duties |              |                |
| Name                  | License Type | License Number |
| Courses Taught/Duties |              |                |

**Instructors Continued** (attach additional sheets if necessary)

|                       |              |                |
|-----------------------|--------------|----------------|
| Name                  | License Type | License Number |
| Courses Taught/Duties |              |                |
| Name                  | License Type | License Number |
| Courses Taught/Duties |              |                |
| Name                  | License Type | License Number |
| Courses Taught/Duties |              |                |

**Other Licensed Therapists/Staff** (attach additional sheets if necessary)

|              |              |                |
|--------------|--------------|----------------|
| Name         | License Type | License Number |
| Title/Duties |              |                |
| Name         | License Type | License Number |
| Title/Duties |              |                |
| Name         | License Type | License Number |
| Title/Duties |              |                |
| Name         | License Type | License Number |
| Title/Duties |              |                |

1) Has your school had any civil or government initiated investigations, complaints or legal action during the past 12 months?  Yes  No

2) Has any other legal action occurred during the past 12 months of a material nature regarding your school or administration?  Yes  No

***If you answered yes to any of the above questions you must attach complete details as to jurisdiction (state & county), offense, disposition, license numbers, dates, and relevant circumstances.***

***Affirmation***

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, this application may be cause for denial or loss of licensure and may result in criminal prosecution.

\_\_\_\_\_  
Signature of Administrator/Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title