

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 Postsecondary 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 <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		
Name	License Type	License Number
Courses Taught/Duties		
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