

# ARIZONA STATE BOARD OF MASSAGE THERAPY INSTRUCTIONS

An application form for a massage therapist license is enclosed. Please read these instructions very carefully and then complete the application. An incomplete application will cause delays in your application process.

## ALL FEES ARE NONREFUNDABLE

If your massage school is outside of Arizona, make sure that your school(s) are on the "Approved School List" found on our website. If not, your school must complete and submit a "School Application". Your school must be approved before you apply. Allow 15 business days to make inquiry to see if your school has been approved. (This application can be found under forms on our website)

**TO AVOID DELAYS**, make requests for massage transcripts, NCBTMB or MBLX scores, and verifications. These documents must be mailed from the source directly to us. Items coming from out of state usually take longer to arrive. You should make the request for documents ASAP. They will only be held for 1 year.

### **At the top of the application, you must check the correct box of how you applying, Regular or Reciprocity**

\*\*\***RECIPROCITY** is for applicants that meet Provision 1 or Provision 2 as stated below:

#### Provision 1:

1. The applicant has been licensed for five continuous years or more in another licensed state immediately before the application date **AND**
2. The applicant has graduated from a massage school (that is listed on our Approved School List on our web site) in another state with 500 classroom hours or more,  
**OR**  
The applicant was grandfathered into state licensing in another state by a state licensing authority, and currently meets the standards of the licensing authority.

#### Provision 2:

1. The applicant holds a current certification from the NCBTMB or another agency such as the FSMTB **AND**
2. The applicant graduated from a massage school (that is listed on our Approved School List on our web site) in another state with 500 hours or more of education.

\*\*\***REGULAR** is for all other applicants.

1. The applicant must have graduated from a massage school (that is listed on our Approved School List on our web site) with at least 700 clock hours.
2. The applicant must pass an exam given by the NCBTMB or pass the MBLX exam (from the FSMTB).  
{If the applicant attended a Title IV school in Arizona they are exempt from taking the exam}

### **Before mailing your completed application, refer to the following checklist.**

1. \_\_\_ Your application must be signed and notarized.
2. \_\_\_ **MONEY ORDERS** or **CASHIER CHECKS ONLY** payable to the "AZ MASSAGE BOARD"  
\_\_\_ \$219.00 – Fee to process application for a 2-year License  
(Applications received on or after March 19, 2012 should include the new reduced fee of \$217.00)  
OR  
\_\_\_ \$244.00 – This includes a \$25.00 fee for an optional wall certificate  
(Applications received on or after March 19, 2012 should include new reduced fee of \$242.00)
3. \_\_\_ A completed fingerprint card must accompany **ALL** applications.  
**NOTE:** The fingerprinting service or technician may charge you a separate fee to take your fingerprints. This fee is not included in the fee submitted to the board.
4. \_\_\_ One 2x2 color photo of head and shoulders must be included with the application. No profiles.
5. \_\_\_ **Citizenship /Alien Status Documentation Required State Law (A.R.S. § 1-501) question 10 or 11**  
All applicants must submit **DOCUMENTATION**. See attached list **A & B** for documentation required.

**We are allowed 180 days for processing of your application.**  
**We can complete an application within 6 to 8 weeks.**

Help us help you by not calling the board to inquire if your application has been received or processed unless it has been more than 3 weeks. You may want to send your application certified to ensure it has been received by us.

**Federation of State Massage Therapy Board**  
[www.fsmtb.org](http://www.fsmtb.org) [mblex@fsmtb.org](mailto:mblex@fsmtb.org) Phone: 1-866-962-3926

Print the form and submit it by mail to the FSMTB or proceed with online instructions.

**National Certification Board for Therapeutic Massage and Bodywork:**  
[www.ncbtmb.com](http://www.ncbtmb.com) [info@ncbtmb.com](mailto:info@ncbtmb.com) 1-800-296-0664

Take the exam that suits your massage knowledge. We will accept any exam, including the NESL.

### **ADDITIONAL INFORMATION**

- If your massage school is closed, you must find the agency that governed the massage school in that state, and request that the transcripts be sent to us. If the agency does not have any transcripts, they must send a letter directly to this board stating they have no transcripts for you.
- The Board will send you **ONE NOTICE OF INCOMPLETENESS** indicating any required materials that have not yet been received. The Board shall consider an application withdrawn if within 360 days from the application submission date the applicant fails to supply the missing information that is requested in the incompleteness letter.
- If you graduated with less than the amount of required hours, you must obtain more education from a massage school on the "Approved School List" on our website. A regular massage license can not be acquired with any less than 700 clock hours.
- **If you have additional questions, please refer to the Arizona State Laws & Rules**  
If you would like to obtain a copy of the State Massage Board's Laws and Rules, you may download them for **free** from the Board's website [www.massageboard.az.gov](http://www.massageboard.az.gov).

Arizona State Board of Massage Therapy  
1400 W. Washington, Ste. 300 ♦ Phoenix, AZ 85007  
Phone: 602-542-8604 ♦ Fax: 602-542-8804



# Arizona State Board of Massage Therapy

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Phone: 602-542-8604 ♦ Fax: 602-542-8804

Website: [www.massageboard.az.gov](http://www.massageboard.az.gov)

Dr. Craig Runbeck, Executive Director

State of Arizona  
Janice K. Brewer  
Governor

Attach photo here with  
**Scotch Tape Only**

Must be a current,  
original passport photo  
measuring 2" x2"

head and shoulders  
only - no profiles

## LICENSE APPLICATION

**Regular** License Application

**Reciprocity** License Application

**SEND COMPLETED APPLICATION TO THE ADDRESS ABOVE.**

**MONEY ORDERS or CASHIER CHECKS ONLY: PAYABLE TO THE AZ MESSAGE BOARD**

\_\_\_\_\_ **\$219.00** Money Order or Cashier Check- Total fee to process a 2-year License

\_\_\_\_\_ **\$244.00** Money Order or Cashier Check - This includes a \$25.00 fee for an optional wall certificate

(Applications received on or after March 19, 2012 will need to be submitted with a fee reduction of \$217.00 or \$242.00.)

**ALL FEES ARE NON REFUNDABLE**

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**TYPE or PRINT LEGIBLY**

**\* LEAVE NO BLANKS. USE N/A IF NOT APPLICABLE. \***

1. Social Security Number: \_\_\_\_\_--\_\_\_\_--\_\_\_\_\_

2. Current name as it will appear on your license \_\_\_\_\_  
first middle last

3. List all names you have used - this includes each married, maiden and alias names.

4. **Physical home address:** **NO** Post Office Box address can be used for home address (see # 6)

Street address Apt # City State Zip Code

Phone numbers are required: Home \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

5. **Work or business address if different from home.** Name: \_\_\_\_\_

Street address Ste # City State Zip Code

Phone number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

6. **Mailing address** if different from home. Post Office Boxes are acceptable

House #/Street Name Ste # City State Zip Code

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

7. Email address \_\_\_\_\_

8. Additional phone numbers if any: Fax \_\_\_\_\_ Cell \_\_\_\_\_

9. Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Place of Birth: \_\_\_\_\_, \_\_\_\_\_ State  
Month Day Year City

Name: \_\_\_\_\_

**10. Citizen Status Declaration;** Are you a citizen or national of the United States?  Yes  No  
**Attach a legible copy of a document from the attached List A that demonstrates U.S. citizenship.**

**\*\*\*If you answered NO to question ten, you must follow the directions in question eleven.**

**11. Alien Status Declaration:** To be completed by applicants who are not citizens or nationals of the United States.  
**Attach a legible copy of a document from the attached List B that evidences your status**

12. Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ HGT \_\_\_\_\_ WGT \_\_\_\_\_ EYES \_\_\_\_\_ HAIR \_\_\_\_\_

13. Name and address of High School(s) attended or GED earned or Ability to Benefit exam

_____	_____	_____	_____
Name	City	State	Zip Code
Date of Graduation _____	Date earned GED _____	Date passed Ability to Benefit _____	

**YOUR TRANSCRIPTS MUST BE SENT DIRECTLY TO THIS BOARD FROM YOUR MESSAGE SCHOOL(s).**

Course of study must be from an accredited Massage Therapy or Bodywork Therapy School. (See Rule R4-15-101(1))

14. Name and address of accredited massage school(s).

_____	_____	_____	_____
Name	City	State	Zip Code
Number of classroom hours _____	Graduation Date _____		
_____	_____	_____	_____
Name	City	State	Zip Code
Number of classroom hours _____	Graduation Date _____		

**A COPY OF YOUR EXAM RESULTS MUST BE SENT TO THE MESSAGE BOARD DIRECTLY FROM NCBTMB or FSMTB**

15. Did you take an exam with the NCBTMB?  YES  NO Date exam taken and passed \_\_\_\_\_  
Did you take the MBLEX with the FSMTB?  YES  NO Date exam taken and passed \_\_\_\_\_  
Do you have a pending test date set for the EXAM?  YES  NO Date \_\_\_\_\_

16. Have you held a **STATE** Massage License in another state  YES  NO  
**If you answered yes, a State verification form from each state must be sent directly to the Board from that state. (form is on website)**  
List all of the **Licensed States** in which you held a massage license  
A. State \_\_\_\_\_ B. State \_\_\_\_\_ C. State \_\_\_\_\_  
**City licensure is not equivalent to state licensure**

Name \_\_\_\_\_

**YOU MUST ANSWER ALL OF THESE QUESTIONS** by checking the appropriate yes or no box.

The fact that a conviction and/or criminal offense has been pardoned, expunged, dismissed, or that your civil rights have been restored does not mean that you can answer "NO" to the following questions.

17. Have you, within 5 years preceding the date of this application, been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Have you, within 5 years preceding the date of this application, been convicted of a misdemeanor involving prostitution, solicitation or other similar offense involving moral turpitude that is reasonably related to the practice of massage therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Within five years preceding the date of this application, have you been convicted of an act involving dishonesty, fraud, misrepresentation, gross negligence or incompetence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are you currently incarcerated or on community supervision after a period of incarceration in a local, state or federal penal institution? Are you on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Within five years preceding the date of this application have you had a massage therapy certification/license revoked or suspended by a national massage therapy licensing or certifying agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Within five years preceding the date of this application have you voluntarily surrendered a license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Within five years preceding the date of this application have you had a license to practice massage therapy or another similar license revoked by a political subdivision of this state or a regulatory agency in another jurisdiction that would be subject to discipline pursuant to this chapter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are you currently under investigation, suspension or restriction by a political subdivision of this state or a regulatory board in another jurisdiction in the United States for an act that occurred in that jurisdiction that would be subject to discipline pursuant to this chapter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Have you ever had an application for a professional license refused or denied by a licensing authority? If yes in what state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Have you ever been the subject of disciplinary action by a certifying/licensing agency with regard to any professional license or certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered **YES** to any of the questions 17 through 20, you must attach copies of the court document(s) relating to the offense(s). If expunged, you must provide a copy of the notice of expungement and a notice of restoration of civil rights, if applicable. The documentation must include the date of conviction, final disposition of all courts having jurisdiction over the offense(s), and proof of release from parole or probation if applicable. You may not be issued a license if you are on probation.

If you answered **YES** to any of the questions 21 through 26, you must provide documentation that states the name, address, and phone number of the political subdivision or agency that took the action, the date of the action, and the reason for the action.

## YOU MUST SIGN THIS AFFIDAVIT IN THE PRESENCE OF A NOTARY –

This application will be returned to the applicant if the form is not signed and is not properly notarized. You should keep a photocopy of this form for your records.

### 27. Affidavit of Applicant

I, \_\_\_\_\_, certify that I am the person described and identified in this application;

**Print Your Name**

I have answered all of the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.

I authorize all institutions or organizations, including educational institutions and organizations, my references, employers (past and present), business and professional associations (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Board any information, files or records required by the Board in connection with processing this application.

I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice Massage Therapy in the State of Arizona.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

State: \_\_\_\_\_

County: \_\_\_\_\_

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ by the affiant, who personally appeared before me.

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

(OFFICIAL STAMP)

## EVIDENCE OF U.S. CITIZENSHIP, U.S NATIONAL STATUS, OR ALIEN STATUS

### LIST A: U.S. CITIZEN OR U.S. NATIONAL

Note: In this List, the term "Service" refers to the U.S. Citizenship and Immigration Service, formerly, the U.S. Immigration and Naturalization Service (INS).

[Source: Proposed Rules, Verification of Eligibility for Public Benefits, 8 CFR §104.23; 63 FR 41662-01 August 4, 1998); and Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

**Evidence showing U.S. citizen or U.S. national status includes the following:  
ALL COPIES NEED TO BE A READABLE CLEAR COPY.**

**a. Primary Evidence:**

- (1) An Arizona driver license issued after 1996 or an Arizona nonoperating identification license issued after 1996
- (2) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (3) United States passport;
- (4) A foreign passport with a United States visa.
- (5) A United States citizenship and immigration services employment authorization document or refugee travel document.
- (6) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (7) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (8) Form N-561, Certificate of Citizenship;
- (9) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (10) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (11) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350); or
- (12) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).
- (13) A tribal or bureau of Indian affairs affidavit of birth.

[Source: Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

**b. Secondary Evidence**

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status:

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parents(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;
- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a State-or jurisdiction-approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

**c. Collective Naturalization**

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

**Puerto Rico:**

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

**U.S. Virgin Islands:**

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

**Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):**

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

**d. Derivative Citizenship**

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make a determination of derivative U.S. citizenship:

**Applicant born abroad to two U.S. citizen parents:** Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

**Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent:** Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth

**Applicant born out of wedlock abroad to a U.S. citizen mother:** - Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

**Applicant born in the Canal Zone or the Republic of Panama:**

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

**e. Adoption of Foreign-Born Child by U.S. Citizen**

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

**f. U.S. Citizenship By Marriage**

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

**LIST B: QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED  
INTO U.S. FOR LESS THAN ONE YEAR**

The documents listed below that are registration documents are indicated with an asterisk ("\*").

**a. “Qualified Aliens”**

Evidence of “Qualified Alien” status includes the following:

\_ \*I-94 Form with a photograph

***Alien Lawfully Admitted for Permanent Residence***

- \* Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on \* I Form I-94.

***Asylee***

- \* Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- \* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
- \* Form I-766 (Employment Authorization Document) annotated "A5";
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

***Refugee***

- \* Form I-94 annotated with stamp showing admission under § 207 of the INA;
- \* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- \* Form I-766 (Employment Authorization Document) annotated "A3"

***Alien Paroled Into the U.S. for a Least One Year***

- \* Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

***Alien Whose Deportation or Removal Was Withheld***

- \* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
- \* Form I-766 (Employment Authorization Document) annotated "A10"; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.

***Alien Granted Conditional Entry***

- \* Form I-94 with stamp showing admission under §203(a)(7) of the INA;
- \* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- \* Form I-766 (Employment Authorization Document) annotated "A3."

***Cuban/Haitian Entrant***

- \* Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
- Unexpired temporary I-551 stamp in foreign passport or on \* Form I-94 with the code CU6 or CU7; or
- Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.

***Alien Who Has Been Declared a Battered Alien or Alien Subjected to Extreme Cruelty***

- U.S. Citizenship and Immigration Service petition and supporting documentation

**b. Nonimmigrant**

Evidence of “Nonimmigrant” status includes the following:

- \* Form I-94 with stamp showing authorized admission as nonimmigrant

**c. Alien Paroled into U.S. for Less than One Year**

Evidence includes:

- \* Form I-94 with stamp showing admission for less than one year under section 212(d)(5) of the INA

# Fingerprint Card Instructions

**If you need a fingerprint card email us to request one. Include your complete mail address**  
**We do not use clearance Cards, we only accept plain white card with blue lines.**

If your fingerprint card lacks your full name, date of birth, place of birth, or Social Security Number, it cannot be processed. It is recommended that you take this page to the fingerprint technician

Notice to Fingerprint Technician

To establish uniform reporting of information of applicant fingerprint cards, the Arizona Massage Therapy Board adheres to the following standard guidelines.

***The information must be legible and typed or printed in BLACK ink only.***

**DO NOT BEND THE FINGERPRINT CARD**

## Completion of Applicant Fingerprint Card

1. Applicant's name: Last Name, First Name, Middle Name
2. Date of Birth: If unknown, list the approximate age or year of birth
3. Place of birth includes only the state or country using authorized coded abbreviations.
4. To conform with the ACIC and NCIC Reporting System, the following abbreviations are used for physical identification:

### Race

A = Asian/Pacific Islander  
B = Black  
I = Native American/Alaskan Native  
H = Hispanic  
W = White  
U = Unknown

**Height:** Use feet & inch measurements: 5'11" for 5 feet 11 inches, not 71 inches

**Weight:** Whole numbers only using U.S. pounds

### Eye Color:

Blk/Black  
Blu/Blue  
BRO/Brown  
GRN/Green  
HAZ/Hazel  
Mar/Maroon  
PNK/Pink  
XXX/Unknown

### Hair Color

BLK/ Black      BLN/ Blonde  
BRN/Brown      RED/ Red-Auburn  
WHI/ White      GRY/ Gray  
SDY/Sandy      XXX/unknown

To Assist Applicants:

Law enforcement agencies perform fingerprinting services. Also private fingerprinting services are listed in the "Yellow Pages" or online. Contact the agency or company nearest you to determine cost and hours of availability. We will allow fingerprints that have been taken in another state other than Arizona.

# ARIZONA MASSAGE THERAPY STATE BOARD LICENSE VERIFICATION

Use this form only if you have or ever held a license to practice as a massage therapist in another state that requires state licensing.

## Section I. To be completed by applicant. Please type or print clearly.

Applicant must fill in: Print Name \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Last 4 digits SS Number: \_\_\_\_\_

State Licensed with: \_\_\_\_\_

**Section II. Send this form to the jurisdictions in which are licensed. Be sure to include any fee required by that licensing authority. The licensing authority must complete and send this form directly to the address listed at bottom of this page.**

The State of \_\_\_\_\_

Located \_\_\_\_\_  
Address City State

## How the applicants name appears on license

\_\_\_\_\_

License information: \_\_\_\_\_  
License No. Date of Issue Date Expires

**Qualifications for licensure in this state are:** Total hours of education \_\_\_\_\_

I Further Verify the applicant passed the examination required for licensure (please check one):

\_\_\_ NESL (NCBTMB) \_\_\_ NCETMB (NCBTMB)  
\_\_\_ NCETM (NCBTMB) \_\_\_ MBLEX (FSMTB)

## Issued license based on:

\_\_\_ Education Requirements \_\_\_ Endorsement/Reciprocity  
\_\_\_ State Examination \_\_\_ Grandfather Requirements  
\_\_\_ National Examination

## Current Status of this license

Active \_\_\_ Lapsed \_\_\_ Inactive \_\_\_ Denied\*\* \_\_\_ Suspended\*\* \_\_\_ Revoked\*\* \_\_\_

Please attach a copy of the Findings of Fact and Decision and Order.

**Has the licensee ever been Disciplined, Censured or Probation \*\* Yes \_\_\_ No \_\_\_**

If **yes** provide information regarding any action pending or taken against the individual. Please describe and attach documentation:

**I certify that the above information is correct and true.**

Name of Agency \_\_\_\_\_

Signature \_\_\_\_\_ Print \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Mail this form directly to the:

Arizona Massage Therapy Board  
1400 W. Washington Rm.300  
Phoenix AZ. 85007

State Seal