	1400 W Was Phone RENEV Leave no bl	shington, Suite 300, 602.542.8604 ◆ Fax www.massageboarc VAL APPLIC anks. Use N/A if	602.542.8804 . <u>az.gov</u> ATION	Pł	lace photo here. Scotch tape only. noto is optional – not required.	
Before control This will ensure app	ompleting this a plication is comp	-				
License number required M	Г	Expirati	on date required	/	_/	
Birth date: mm	ddyyyy	**Do no	**Do not send a renewal form prior to 65 days of your expiration date.*			
1. Current name as it w change document (i.e. mar first			our name has chang	ged, attach a cop	y of the name	
2. Physical home address	- No P.O. Box addre	ess (see#4)				
Complete Street Address		/// Apt#	City	// State	Zip Code	
 Work or business addre Name 	ss if different from h		3ox address			
Street Address		////////	City	// State	Zip Code	
Business Phone # ()		-		·	
 Mailing address – can u 		8				
Street Address		// //////_	City	///////	Zip Code	
Cell # ()						
Indicate by checking the box w The	hich address is to be p home address will be				□Mailing	
5.Email address: print clearly						
6. Alien Status Declaration: To Attach	be completed by applica a legible copy of a doct					
7. Citizen Status Declaration	; Are you a US Citizen?	-	YesNo.			
signed Citizen / resident proof	fee late fee CE	update	d initials	Batch #	Date mailed	

DO NOT send CE proof if you received notification by postcard of your renewal.

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.

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.

10. 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 then 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

THIS RENEWAL FORM WILL UPDATE ALL OF YOUR INFORMATION. DO NOT SEND A CHANGE OF ADDRESS FORM WITH THIS RENEWAL FORM

USE THE CHECKLIST BELOW TO ENSURE YOUR APPLICATION IS COMPLETE.

MONEY ORDER or CASHIER'S CHECK only payable to the: Arizona Massage Board. All fees are nonrefundable.

Check appropriate amount below: NO PERSONAL CHECKS WILL BE ACCEPTED

- 1. _____ **\$95.00** Renewal fee
 - **\$120.00** Renewal fee plus a \$25.00 Wall Certificate (optional)
 - **\$135.00** Late Renewal: \$40.00 late fee plus the renewal fee- If postmarked after your expiration date
 - \$160.00 Renewal fee, late fee, and Wall Certificate
 - **\$220.00 -** Reinstatement fee please read below:

Use this only if you have missed 2 renewal cycles and have not exceeded 3 years from your last expiration date. Mandatory: copies of at least 25 hours of CE's must accompany the renewal form.

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)

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

- 3. ____ **OPTIONAL** Include a photo if you would like to update existing photo on file.
- 4. _____ Application signed and dated in section 10.

Renewals are processed in the order they are received. If your application is not complete, you will be notified by email only. It is your responsibility to contact us if you have not received your renewed license within 4 weeks of submission.