



THE STATE  
of **ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

**MAS**

FOR DIVISION USE ONLY

**Board of Massage Therapists**

PO Box 110806, Juneau, AK 99811

Website: [ProfessionalLicense.Alaska.Gov/BoardOfMassageTherapists](http://ProfessionalLicense.Alaska.Gov/BoardOfMassageTherapists)

## Massage Therapist License Renewal

**October 1, 2025 – September 30, 2027**

- Your license lapses after September 30, 2025. There is no grace period — it is illegal to work if your license has lapsed.
- Faxed or emailed applications will not be accepted.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a 4–6-week processing time for correct and complete renewal applications.
- Once the renewal is processed, your license will be available for printing via the MY LICENSE self-service portal.
- This form is for current renewals only. If your license has been lapsed for less than three years, use form #08-4846.

### PART I Payment of Fees

<b>Renewal Fees:</b>	<input type="checkbox"/> Biennial License Renewal (For licenses first issued on or before September 30, 2024)	<b>\$290.00</b>
	<input type="checkbox"/> Prorated License Renewal (For licenses first issued on or after October 1, 2024)	<b>\$145.00</b>

### PART II Personal Information

<b>Full Legal Name:</b> Name change: <input type="checkbox"/>	<b>AK License Number:</b>
If you have had a legal name change since your last license was issued, you must complete a <u>Change of Name form</u> .	
<b>Mailing Address:</b> Address change: <input type="checkbox"/>	P.O. Box or Street City State Zip
<b>Contact Phone:</b>	<b>Date of Birth:</b>
<b>EMAIL AGREEMENT:</b> Providing an email address authorizes the division to send you a web authorization code to register with the MY LICENSE self-service portal. If you have already registered with MY LICENSE, no action is needed. If you did not receive a code or the code you received has expired, contact the division. Once registered you may opt-in to receive all official correspondence electronically. Your account can be accessed at any time.	
<b>Email Address:</b>	
<b>SOCIAL SECURITY NUMBER:</b> AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.	

### PART III CPR Certification

A current CPR certificate is required. If audited, you must provide proof of current CPR certification. Do NOT submit copies of your CPR certificate with this renewal.

☐ I certify I have a current CPR certificate

☐ I understand, if audited, I must provide proof of my current CPR certificate.

## PART IV Statement of Compliance

By checking the appropriate box below, you are verifying your compliance with the continuing education requirements of 12 AAC 79.210 during the concluding licensing period of October 1, 2023 – September 30, 2025.

Check one of these boxes if your renewal application is postmarked on or before September 30, 2025:

☐ **Licenses initially issued on or before September 30, 2024.**

I certify I have successfully completed 16 hours of continuing education, including 2 hours of ethics, between October 1, 2023 and September 30, 2025. None of the course topics are on the Board's List of Unacceptable Continuing Education.

I understand, if audited, I must supply proof of my continuing education.

- OR -

☐ **Licenses initially issued on or after October 1, 2024.**

Licenses initially issued after October 1, 2024 are not required to provide evidence of continuing education for this renewal only. Licensees will be subject to continuing education requirements for subsequent renewals.

Continuing Education

Professional development activities that enhance and expand the skills and knowledge of massage therapists that enable them to render competent service to clients, the profession, and the public, in accordance with AS 08.61.100(5). Review the boards list of unacceptable continuing education: [https://www.commerce.alaska.gov/web/Portals/5/pub/MAS\\_Unaccept.CElist.pdf](https://www.commerce.alaska.gov/web/Portals/5/pub/MAS_Unaccept.CElist.pdf)

Random Audit

The board will audit a percentage of the renewal applications. If randomly selected for audit, you will be sent a letter and required to submit documentation and proof you satisfied the continued competency requirements as you stated on this renewal form. Save your documents for at least four years to respond to any audits.

## PART V Fingerprinting

New fingerprint cards must be submitted every six years, in accordance with 12 AAC 79.200(b)(2). All massage therapist licenses were required to provide fingerprinting information during the 2021 renewal. Subsequently, fingerprint cards must also be submitted with the 2027 renewal.

☐ I understand I must submit fingerprinting information with the 2027 renewal.

## PART VI Alaska Law

☐ I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.61 and 12 AAC 79).

## PART VII Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

**For each "yes" response to any question, you must provide an explanation and documentation.** Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.

### When in doubt, disclose and explain.

#### *Since the date your last Alaska license was issued or renewed:*

1. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?

☐ Yes  
☐ No
2. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including, but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.

☐ Yes  
☐ No
3. Do you use drugs or alcohol in any manner that impairs your ability to practice massage therapy competently and safely?

☐ Yes  
☐ No
4. Have you been disciplined by an employer or national certifying organization for care that did not conform to minimum professional standards, for unethical conduct or for sexual misconduct in connection with the delivery of massage therapy services to a client as defined in AS 08.61.060 and 12 AAC 79.900?

☐ Yes  
☐ No

"Yes" Answers

**If you answered "yes" to question 3,** in addition to your personal statement, you must also submit a statement from your health care provider indicating your ability to safely practice as a massage therapist. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.



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## Signature Page

<b>Applicant Name:</b>	
<b>Alaska License Number:</b>	

### **PART VIII** Agreement

I hereby certify I am the person herein named and subscribing to this application. I further certify I have read the complete application, and I know the full content thereof. I declare all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, registration, certificate, or permit to practice in the state of Alaska.

I further understand it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

<b>Applicant Signature:</b>		<b>Date Signed:</b>	
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## General Information

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### **APPLICATION PROCESSING:**

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the license may be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

### **LICENSE TERM:**

Licenses are issued for a two-year period and expire on September 30 of odd-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date which are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before license expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license on time.

### **PROFESSIONAL FITNESS QUESTIONS:**

A “yes” response in the application does not mean your application will be denied. If you have responded “yes” to any professional fitness questions, submit an explanation with the charging and closing court documentation showing final disposition of charge(s) (e.g. court records, fitness letters, etc.).

### **RANDOM AUDIT:**

If your program requires continuing education, the division will audit a percentage of the license renewals. If your license is randomly selected for audit, you will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licenses are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits. (12 AAC 02.960)

### **CHANGES TO LEGAL NAMES, EMAIL ADDRESSES AND/OR MAILING ADDRESSES:**

It is the licensee’s responsibility to notify the division of any changes to legal names, email addresses and/or mailing addresses. The email or mailing address of record will be used to send all official notifications. The name appearing on the license must be your current legal name. The name change notification form is available on the division’s website. Changes to email and/or mailing addresses can be submitted through MY LICENSE. (12 AAC 02.900)

### **SOCIAL SECURITY NUMBERS:**

A U.S. Social Security Number must be on file with the division before a professional license is renewed. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov*, and include required supporting documents as noted on the form. (AS 08.01.100)

### **PUBLIC INFORMATION:**

All information on the application will be available as public record, unless required to be kept confidential by state or federal law.

### **ABANDONED APPLICATIONS:**

An application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known email or mailing address of the applicant, who then has 30 days to submit a written request for a refund of biennial license and other fees paid, if applicable. The application fee will not be refunded. If no request for a refund is received within that timeframe, no refund will be issued, and all fees will be forfeited. (12 AAC 02.910)

### **PAYMENT OF CHILD SUPPORT:**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

### **STATUTES AND REGULATIONS:**

The complete set of statutes and regulations for this program are available by written request or online at the division’s website: *ProfessionalLicense.Alaska.Gov*. Centralized statutes and regulations also apply to all professional licenses; those are also available on the division’s website. To receive notifications of proposed regulation changes, send a request with your name, email, and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov*. Courtesy notifications of proposed program regulations changes will also be sent to the email address on record.



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## Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “yes” answers. A “yes” answer is not necessarily disqualifying but concealing one may be.

Each “yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include, but not be limited to, suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.



Write the professional fitness question number you are answering “yes” to in the box.

<b>Location of Incident:</b>		<b>Date of Incident:</b>	
<b>Explanation of Incident:</b> When in doubt, disclose and explain. <i>Make copies as necessary.</i>			

**Did you attach all applicable documents associated with this incident?**

- ☐ Court Orders      ☐ Consent Agreements      ☐ Disciplinary Actions      ☐ Charging Documents
- ☐ Court Records      ☐ Fitness to Practice      ☐ All Other Documentation Related to This Incident
- ☐ I have additional incidents for this “yes” answer, or “yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

<b>Full Name:</b>		<b>Program:</b>	
<b>Signature:</b>		<b>Date Signed:</b>	



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## Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee:			
Profession Type (e.g., Acupuncture):		License Number (if applicable):	
I wish to make payment by credit card for the following (check all that apply):			AMOUNT
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
TOTAL:			

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

### CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

1. Credit Card Number:		All 3 fields MUST be completed.  This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		