



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

Phone: (907) 465-2550

Email: BoardOfMassageTherapists@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfMassageTherapists

Massage Therapist License Renewal

October 1, 2023 – September 30, 2025

- Your license lapses after September 30, 2023. There is no grace period — it is illegal to work if your license has lapsed.
- 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 certificate will be available for printing via the MY LICENSE self-service portal.
- This form is for current renewals only. If your license lapsed on 9/30/2021, use form #08-4846.

PART I Payment of Fees

Renewal Fees:	<input type="checkbox"/> Biennial License Renewal (For licenses first issued on or before September 30, 2022)	\$290.00
	<input type="checkbox"/> Prorated License Renewal (For licenses first issued on or after October 1, 2022)	\$145.00

PART II Personal Information

Full Legal Name: Name change: <input type="checkbox"/>	Alaska License Number:
If you have had a legal name change since your last license was issued, you must complete a Change of Name form .	
Mailing Address: Address change: <input type="checkbox"/>	P.O. Box or Street City State Zip
Contact Phone:	Date of Birth:
EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.	
Email Address:	Select One: <input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
Note: If both boxes are selected above, you will receive correspondence electronically.	
SOCIAL SECURITY NUMBER: 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, 2021 – September 30, 2023.

Check one of these boxes if your renewal application is postmarked on or before September 30, 2023:

- ☐ **Licenses initially issued on or before September 30, 2022.**

I certify that I have successfully completed 16 hours of continuing education, including 2 hours of ethics, on or after October 1, 2021 and prior to the date of this application. None of the course topics are on the Board's List of Unacceptable Continuing Education.

- or -

- ☐ **Licenses initially issued on or after October 1, 2022.**

Licenses initially issued after October 1, 2022, are not required to provide evidence of continuing education for this renewal only. Licensees will be subject to continuing education requirements for subsequent renewals.

Late Renewal Applicants

Check one of these boxes if your renewal application is postmarked on or after October 1, 2023:

- ☐ I certify that I have successfully completed all hours of continuing education on or after October 1, 2021, and prior to submitting this renewal application. These hours were earned in accordance with 12 AAC 79.200-220. I understand I must submit documentation showing proof of completion of all continuing education required, in accordance with 12 AAC 79.200(c). Under 12 AAC 02.965, I understand that any hours I earned after September 30, 2021 may not be used for the subsequent renewal period.

- or -

- ☐ I have checked the appropriate box above to certify the method which I successfully meet the continuing education requirements.

Continuing Education

Do NOT submit CE documentation unless requested for audit.

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 that 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. *If you did not renew during 2021, and are currently in lapsed status, you must use form #08-4846 for lapsed license renewal.*

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

PART VI 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. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

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. Have you been treated for substance abuse, or have you been addicted to, or excessively, or illegally used, alcohol, or a controlled substance which may impair or interfere with your ability to practice as a massage therapist?

☐ 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

Applicant Name:

PART VII Agreement

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

I understand that 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, certificate, or permit to practice in the state of Alaska.

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

Applicant Signature:

Date Signed:



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Change of Name – Renewal

If you have had a name change since your last license was issued, please complete this form showing your current and former name. You can choose to either attest to your name change with a notarized statement or submit a certified copy of the legal document showing the name change (marriage certificate, divorce decree, court ruling). 12 AAC 44.930

Previous Name:			
Current Name:			
Effective Date:		License Number:	

Notarized Signature

By my signature below, I hereby certify the following:

- ☐ I have changed my name, according to the information listed above.
- ☐ All of the information contained herein, and evidence or other documents submitted herewith, are true and correct.
- ☐ I understand I must attach a copy of the legal documentation showing the name change.

<div>Notary Stamp</div>	Applicant Printed Name:			
	Applicant Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	

General Information

APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will 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:

There is no "inactive" status. If you choose not to renew your license, it will lapse. 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 are issued to the next biennial expiration date. Renewal notices are provided at least 30 days prior to the expiration date on file, in accordance with AS 08.01.050. 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 in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

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, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees 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.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at ProfessionalLicense.Alaska.Gov or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at ProfessionalLicense.Alaska.Gov under License Search.

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, 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 address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

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

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: RegulationsAndPublicComment@Alaska.Gov



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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 public records. If you believe that the additional information you are attaching to explain a “Yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



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

Location of Incident:	Date of Incident:
Explanation of Incident:	
When in doubt, disclose and explain. Make copies as necessary.	

Did you attach all applicable documents associated with this incident?

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Court orders | <input type="checkbox"/> Consent agreements | <input type="checkbox"/> Disciplinary actions | <input type="checkbox"/> Charging documents |
| <input type="checkbox"/> Court records | <input type="checkbox"/> Fitness to practice | <input type="checkbox"/> All other documentation related to this incident | |
| <input type="checkbox"/> 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. | | | |

Full Name:	PL Code:
Signature:	Date:

You must submit one form for each “Yes” answer. Make copies of this form as necessary.



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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

☐ Application Fee: _____

☐ License or Renewal Fee: _____

☐ Other (fine, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

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Credit Card Payment Form (all major cards accepted)

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

1. Credit Card Number: _____

2. Expiration Date: _____

3. Security Code: _____

All 3 fields **MUST** be completed!

This section will be destroyed after the payment is processed.