

APPLICATION FOR LICENSURE OR REGISTRATION IN MASSAGE THERAPY
GENERAL INSTRUCTIONS PAGE – READ COMPLETELY BEFORE YOU START THE PROCESS

PLEASE READ INSTRUCTIONS BEFORE FILLING OUT YOUR APPLICATION for Licensed Massage Therapist (LMT) or Registered Massage Practitioner (RMP). Application Packet contains: General Instructions, **Application - eight (8) pages** to be submitted to the Board **including** the Checklist, Jurisprudence Exam Registration and Board Policy Regarding Failure of JP Exam. **AN APPLICATION IS NOT CONSIDERED COMPLETE AND WILL NOT BE PROCESSED UNTIL ALL ITEMS HAVE BEEN SUBMITTED AS REQUIRED INCLUDING THE Completed APPLICATION CHECKLIST.**

The application forms packet for the Licensed Massage Therapist or Registered Massage Practitioner is the same. The application must be completed by the applicant. Answer all questions. Provide explanation and documentation for any criminal background history including ALL court appearances. If you leave a question blank, the application may be returned to you. All information must be typed or clearly printed in black or blue ink. If additional space is required, use the reverse side of the application or attach a separate 8 ½ "x 11" sheet of paper. Place your name and item number on the paper.

POSTMARK DEADLINES

ALL COMPLETE APPLICATIONS INCLUDING ITS INITIALED CHECKLIST WITH REQUIRED FEES must be postmarked by U.S. Postal Service, UPS, FedEx, or DHL on or before the application postmark deadline date as indicated on the Jurisprudence Examination Schedule located on the Board's website. WALK-INS WILL NOT BE ACCEPTED.
APPLICATION WITH PHOTO

FEES

Application Fee (Non-Refundable) (due with application)..... \$150.00
Jurisprudence Examination Fee (due with application)..... \$100.00 effective January 1, 2010
License / Registration Fee (due after successfully passing JP Exam.)..... \$200.00
Foreign School Review Fee.....(To be Paid by Applicant to Contractor, if applicable).

(REMIT STANDARD PAYMENT WITH APPLICATION FOR \$150.00 + \$100.00)
PAYMENTS MUST BE BY CERTIFIED CHECK OR MONEY ORDER MADE PAYABLE TO:
MD BOARD OF CHIROPRACTIC & MASSAGE THERAPY EXAMINERS

*NO CASH, PERSONAL OR BUSINESS CHECKS and INCOMPLETE APPLICATIONS WILL BE ACCEPTED. ALL UNACCEPTABLE APPLICATION SUBMISSIONS ARE SUBJECT TO BE RETURNED AT THE BOARD'S DISCRETION.

REQUIRED EXAMINATIONS

NOTE: All applicants must pass the National Certification Examination (NCETMB/NCETM) offered by the **NCBTMB** (National Certification Board for Therapeutic Massage and Bodywork), the **NCCAOM** (National Certification Commission for Acupuncture and Oriental Medicine) or MBLEx examination before submitting an application and registering for the Maryland Jurisprudence Examination. **Copies of your transcript(s), National Score Report, CPR certification must be submitted with your completed application and your Application Check List. Upon review of the aforementioned, you will be scheduled for the Maryland State Jurisprudence Examination and sent an Admittance Letter by the Board's Licensing Coordinator.**

***STUDY GUIDE OF THE JURISPRUDENCE EXAMINATION IS THE CURRENT LAWS & REGULATIONS GOVERNING MASSAGE THERAPY WHICH CAN BE LOCATED ON THE BOARD WEBSITE (www.dhmf.maryland.gov/massage).**

The requested Official Sealed transcript(s)/Score Report(s) and a copy of your National Certification Wall Certificate must be contained in your Board file immediately after JP Exam and before any License or Registration can be issued to you.

***You will be notified in writing (EMAIL) of receipt of your application but is your responsibility to follow-up with the institutions/schools/NCBTMB of their remitting of your OFFICIAL DOCUMENTS directly to the Board.**

EDUCATION

U.S.A. TRANSCRIPTS:

Applicants must personally arrange with their school(s) to have certified sealed copies of official transcripts **submitted by the school(s) DIRECTLY to the Board.** The transcript(s) must document a minimum of 500-hours in an **ACCREDITED** massage therapy education program as defined in the Laws and Regulations: for LMT & RMP.

FOREIGN TRANSCRIPTS:

Students who attended foreign schools are advised that it is solely their responsibility to ensure that all transcripts are in a format acceptable to the Board. **Transcripts from foreign schools must be independently reviewed and investigated at the expense of the applicant.** For more information (see **Notice to Applicants Who Attended Foreign Schools**). Such transcripts must also have an original English translation from an accredited member of the American Translators Association. No other translation certification is acceptable. Only original transcripts and translations are acceptable – copies or certified copies will not be accepted.

Maryland DHMH – Board of Chiropractic & Massage Therapy Examiners
Massage Therapy Program

4201 Patterson Avenue * Suite 301 * Baltimore, MD 21215-2299 * Phone: 410.764-4738 * Fax: 410.358-1879

**APPLICATION FOR
LICENSURE OR REGISTRATION IN MASSAGE THERAPY**

GENERAL INFORMATION

Date Application Submitted: _____

Answer Each Section Completely and Legibly

DATE OF ANY PREVIOUS APPLICATION/LICENSE/REGISTRATION: _____

Applicant's LEGAL Name: _____
First Name Middle Name Last Name

Applicant's Name on School Transcript (IF DIFFERENT FROM ABOVE): _____

Date of Birth: _____ Female(F)/Male(M) _____ Social Security #: _____

(There is no authority to require your disclosure of birth date or Social Security Number. However, you are advised that your failure to provide this information will result in a substantial delay in processing your application or could result in the rejection of your application due to the inability of the Board to adequately assess your identity, background, and qualifications).

Physical Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

Preferred Mailing Address: Home _____ Business _____

(Note: This address will be the official mailing address maintained in your file. All official Board mail during the application process and thereafter will be sent to you at this address. IF YOUR MAILING ADDRESS CHANGES, IT IS YOUR RESPONSIBILITY TO INFORM THE BOARD WITHIN 60 DAYS OF THE CHANGE IN ACCORDANCE WITH CODE OF MD REGULATION 10.43.17.06).

Business Address: _____

City: _____ State/Zip _____

Phone Number: _____ E-mail Address: _____

Licensure/Certification and Legal Information

A. LIST ANY CURRENT OR PAST HEALTH OCCUPATION'S LICENSE / REGISTRATION / CERTIFICATES HELD BY ANOTHER STATE (DO NOT LIST YOUR DRIVERS LICENSE OR CPR CERTIFICATION). *REQUEST VERIFICATION(S) FROM THAT ISSUING STATE BE SENT DIRECTLY TO THIS BOARD .

Issuing Organization/Agency	Date Issued	License/Registration/Certificate #

Application for Licensure or Registration in Massage Therapy

Last Name: _____

B. Have you ever been DENIED a LICENSE, CERTIFICATE, or REGISTRATION? ____YES ____NO

If "YES", explain reasons in detail: _____

C. Have you ever had a license, certificate or registration REVOKED, SUSPENDED, PUT ON PROBATION, CANCELED, or INVESTIGATED? ____YES ____NO

If "YES", explain reasons in detail: _____

D. Have you ever been ARRESTED, APPEARED BEFORE CRIMINAL or TRAFFIC COURT or ENTERED A PLEA OF GUILTY, NO CONTEST, NOLO CONTENDERE, or BEEN CONVICTED OF A CRIME, or RECEIVED PROBATION BEFORE JUDGMENT, or HAD A STET ENTERED in any jurisdiction for a crime other than a minor traffic violation which you did not have to appear? ____YES ____NO

If "YES", provide the following information:
Charge of which convicted or to which you pled: _____

Court that issued conviction or judgment: _____

Date on which convicted: _____ Sentence: _____

IF CONVICTED, YOU MUST ALSO ATTACH DOCUMENTATION AND INFORMATION AS FOLLOWS:

- * All documents pertaining to arrest, conviction, probation, parole
- * Detailed statement of your education, social and rehabilitative activities since conviction
- * Detailed list of all work activities and your supervisors since conviction
- * List of all residences since conviction

Application for Licensure or Registration in Massage Therapy

Last Name: _____

Professional Training

List **ALL** massage programs, colleges, universities, and trade schools attended to satisfy the academic requirements for a Maryland massage therapy license or registration (LMT STATUS/ DESIGNATION REQUIRES LISTING THE INSTITUTION/COLLEGE AND PROVIDING OFFICIAL PROOF OF HIGHER EDUCATION CREDITALS OF 60+ CREDITS AS DEFINED IN THE MD HEALTH OCCUPATION ARTICLE §3-5A-06 [AS DEFINED IN §10-101 OF THE EDUCATION ARTICLE]). LIST MOST RECENT SCHOOL(S)/INSTITUTION(S) FIRST. **OFFICIAL TRANSCRIPTS MUST BE MAILED DIRECTLY TO THE BOARD BY THE MESSAGE PROGRAM, COLLEGE, UNIVERSITY, OR TRADE SCHOOL.**

A. Name of Institution _____
School Address _____
Inclusive Dates Attended: From _____ To _____
Major Field Of Study: _____
Degree Granted: _____ Date: _____

B. Name of Institution _____
School Address _____
Inclusive Dates Attended: From _____ To _____
Major Field Of Study: _____
Degree Granted: _____ Date: _____

C. Name of Institution _____
School Address _____
Inclusive Dates Attended: From _____ To _____
Major Field Of Study: _____
Degree Granted: _____ Date: _____

D. Name of Institution _____
School Address _____
Inclusive Dates Attended: From _____ To _____
Major Field Of Study: _____
Degree Granted: _____ Date: _____

NOTE:
***OFFICIAL TRANSCRIPT(S) MUST BE MAILED BY THE MESSAGE PROGRAM, COLLEGE, UNIVERSITY, OR TRADE SCHOOL DIRECTLY TO:**

**Maryland DHMH – Board of Chiropractic & Massage Therapy Examiners
Massage Therapy Program, Attention: Emily Jones (ext. 4665)
4201 Patterson Avenue, Suite 301
Baltimore, MD 21215-2299**

Application for Licensure or Registration in Massage Therapy

Last Name: _____

Professional References

Provide a minimum of **THREE (3) PROFESSIONAL REFERENCES THAT CAN ATTEST TO YOUR MASSAGE THERAPY SKILLS, PROFESSIONAL STANDARDS OF PRACTICE AND CLINICAL WORK. (THE REFERENCES MUST BE INDIVIDUALS THAT KNOW YOU)**! These persons should work in the massage field or related professions such as chiropractic, physical therapy, medicine, any Health Occupations Field. You may use professors and instructors from your massage school. **YOU MUST PROVIDE FIRST AND LAST NAMES, CURRENT ADDRESSES, CURRENT CONTACT TELEPHONE NUMBERS AND COMPLETE ALL SECTIONS FOR EACH.**

A. Name of Reference: _____
Business Name & Address: _____
Business Phone: _____
Degree Held: _____ License/Cert/Registration Held: _____
Professional Occupation: _____
Will this reference be verifying all or some of your clinical experience? _____ YES _____ NO

B. Name of Reference: _____
Business Name & Address: _____
Business Phone: _____
Degree Held: _____ License/Cert/Registration Held: _____
Professional Occupation: _____
Will this reference be verifying all or some of your clinical experience? _____ YES _____ NO

C. Name of Reference: _____
Business Name & Address: _____
Business Phone: _____
Degree Held: _____ License/Cert/Registration Held: _____
Professional Occupation: _____
Will this reference be verifying all or some of your clinical experience? _____ YES _____ NO

D. Name of Reference: _____
Business Name & Address: _____
Business Phone: _____
Degree Held: _____ License/Cert/Registration Held: _____
Professional Occupation: _____
Will this reference be verifying all or some of your clinical experience? _____ YES _____ NO

***INCOMPLETE AND/OR INACCURATE INFORMATION IS SUBJECT TO APPLICATION BEING RETURNED.**

Application for Licensure or Registration in Massage Therapy

Last Name: _____

READ CAREFULLY AND SIGN IN PRESENCE OF NOTARY

I have read the *Important Notice To Applicants*. I understand their content. _____ (Initials)

In making this application to the Maryland Board of Chiropractic & Massage Therapy Examiners, I agree to abide by all laws, rules and regulations of the Board governing massage therapy found in Maryland Code Annotated, Health Occupations Article § 3-5A-01 et. seq. and in the Code of Maryland Regulations 10.43.17 and to take all examinations necessary for the processing of my application. Upon issuance of a license or registration, I agree to be bound by the Code of Ethics.

I have read the Massage Therapy statute and regulations. I acknowledge and agree that the burden is solely on me to produce all adequate and acceptable proof of educational, professional and character qualifications sufficient to meet the requirements for licensure or registration.

I agree to hold the Maryland Board of Chiropractic & Massage Therapy Examiners, the Massage Therapy Program, its members, officers, staff, agents and examiners free from any damage or claim for damage or complaints by reason of any action they or any one of them take in connection with this application, the examination attendant, the grades, with respect to any examination, and/or failure of the Board to issue me a license or registration. I hereby grant permission to the Board to seek any and all information or references it deems fit in securing my credentials pertinent to this application. I further agree that if issued a license or registration to practice massage therapy, upon suspension, revocation, or cancellation of such license or registration, I shall return it to the Board.

The information provided in this application is truthful and correct to the best of my knowledge and belief. I understand that providing false information of any kind or omitting information known to me may result in the voiding of this application. I agree that all documents and fees submitted with this application are the property of the Board and are non-refundable.

Print Full Name

Applicant Signature

Date

NOTARY ATTESTATION

The State of _____ County of _____ BEFORE ME, the undersigned authority, on this day, personally appeared (name of applicant) _____, known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he/she had executed the same for the purposes and considerations therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this _____ day of _____, 20_____.

Notary Public in and for _____ County, _____ (State).

Signature of Notary _____

Printed or Typed Name of Notary _____

STOP-LOOK-READ 

(ATTACH RECENT 2" X 2"
PASSPORT TYPE /
WHITE BACKGROUND
PHOTO IN THIS AREA)

**NOTARY: PLEASE PLACE NOTARY SEAL
ON/OVER EDGE OF PHOTOGRAPH**

Maryland Jurisprudence Examination Registration Form

Requested Exam Date: _____

All exam fees must be paid by Certified Check or Money Order. All fees must be payable to the Maryland Board of Chiropractic & Massage Therapy Examiners.

Return the Application and Jurisprudence Registration Form to:

Maryland DHMH – Board of Chiropractic & Massage Therapy Examiners
4201 Patterson Avenue
Baltimore, MD 21215-2299

Please print:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Driver's License Number: _____

Home Phone: _____ Alternate Phone: _____

E-Mail Address: _____

I, (print name) _____, swear or affirm that all previous information provided to the Board of Chiropractic & Massage Therapy Examiners regarding my application is true and correct to the best of my knowledge. I have been advised and fully understand that I may not practice massage for compensation in Maryland until licensed or registered by the Board.

Signature

Date



STATE OF MARYLAND

DHMH

BOARD OF CHIROPRACTIC & MASSAGE THERAPY EXAMINERS

Maryland Department of Health and Mental Hygiene
4201 Patterson Avenue • Baltimore, MD 21215 PH: 410.764-4738 FAX: 410.358-1879

Board Policy Regarding Applicant Failure of Jurisprudence Examination

The following policy pertains to applicants for massage licensure or massage registration. There are no waivers or exceptions to the following:

- All applicants shall successfully take and pass the Board Jurisprudence Examination to qualify for licensure or registration.
- All applicants must appear for the examination at the time/date specified. Applicants who fail to appear without prior notification must wait at least sixty (60) days from the date of the unexcused absence to retest. Unexcused absences count as a failure. There are no refunds for unexcused absences.
- If an applicant passes the examination the applicant's file will be submitted for processing.
- An applicant failing the examination the first time may retest at the next available examination date.
- An applicant failing the examination a second time may retest again only after waiting at least sixty (60) days from the date of the second failure.
- An applicant failing the examination a third time may retest only after waiting at least ninety (90) days from the date of the third failure, meeting with the Board at its request, and recommended approval of the Board. Final approval regarding retesting availability will be made by the Board upon written request of the applicant.
- An applicant's file shall be closed/terminated one (1) year from the original application date regardless of the status of the applicant in the exam process. At such occurrence, the applicant may reapply for qualification and submit all required fees, documentation, and form as a new applicant. Any/all previous failures will be applied to the new application. For example, an applicant failing the exam three (3) times under the first application and then reapplying after lapse of one year, will still have three (3) failures credited to the application and would have to obtain approval of the Board to retest.

Acknowledgement

I, _____, have read and fully understand all of the provisions of the foregoing policy.

Signature

Date

Name: _____ Date: _____

READ ALL ITEMS



APPLICATION CHECKLIST

PLEASE REMIT THIS CHECKLIST WITH YOUR APPLICATION AND RETAIN A COPY FOR YOUR RECORDS

YOUR APPLICATION MUST BE COMPLETE WITH ALL REQUIRED DOCUMENTATION BEFORE YOU ARE SCHEDULED A DATE TO SIT FOR THE MARYLAND JURISPRUDENCE EXAMINATION.

(V) AND INITIAL THE ITEMS INCLUDED WITH THE APPLICATION SENT TO THE BOARD. MISSING DOCUMENTS MAY DELAY YOUR PROCESSING!

- _____ 1. Completed Board application packet, "*Application for Licensure or Registration in Massage Therapy*" for massage therapy licensure or registration. (If you have previously applied to the Board indicate under "date of application" the date you applied or the expiration date of any previously held a license or registration.)

- _____ 2. Attached **two** passport type photos (**two recent 2"x 2"** - head & shoulders on white background). One photo on Page 5 with Notary Seal **placed over edge of photo**. The second photo to be attached to the first page, upper right corner of the application (with a single staple).

- _____ 3. A legible photocopy of your massage school transcript and/or higher education transcript submitted with your application (AND HAVE ALREADY REQUESTED OFFICIAL CERTIFIED SEALED TRANSCRIPTS BEEN SENT DIRECTLY TO THE BOARD BY THE ISSUING ENTITY).

- _____ 4. A legible photocopy of your higher education transcript(s) (*if applicable*) (defined in §10-101 of Edu. Art.) reflecting 60 or more credits for (LMT status only) (AND HAVE ALREADY REQUESTED OFFICIAL CERTIFIED SEALED TRANSCRIPTS BEEN SENT DIRECTLY TO THE BOARD BY THE ISSUING ENTITY).

- _____ 5. A legible photocopy of your Candidate Score Report **AND** National Certification Certificate to verify passing the National Examination offered by the National Certification Board for Therapeutic Massage & Bodywork (NCBTMB). (**The Board does NOT accept the NESL. Please convert to a National Certification prior to applying for licensure.**)

OR

- _____ 6. A legible photocopy of your National Certification Commission for Acupuncture & Oriental Medicine, (NCCAOM) certificate **AND** the Exam Score Report to verify passing the NCCAOM – Asian Bodywork Therapy

OR

- _____ 7. A legible photocopy from Pearson Vue of your MBLEx Score Report (an examination approved by the Board **09/08/11**) to verify passing the Massage & Bodywork Licensing Examination (MBLEx). (**Official Score Report will be transferred by FSMTB upon the applicant's request**).

- _____ 8. A legible photocopy of your valid qualification or certification in CPR.

- _____ 9. Application fee of \$150.00 and Jurisprudence Examination fee of \$100.00 by certified check or money order made payable to the MD Board of Chiropractic & Massage Therapy Examiners (attached to application)

BEFORE YOU MAIL YOUR APPLICATION TO THE BOARD; HAVE YOU REQUESTED YOUR OFFICIAL TRANSCRIPT(S) AND OFFICIAL SCORE REPORTS TO BE MAILED DIRECTLY TO THE BOARD!

HAVE YOU REQUESTED that your massage program, trade school program, institution or university send your official transcript(s) **DIRECTLY to the Board?**
HAVE YOU REQUESTED the NCBTMB, NCCAOM or FSMTB to send your official exam score report **DIRECTLY to the Board?**
 Official transcript(s) and Examination Score Reports **MUST BE SENT DIRECTLY TO THE BOARD FROM THE ISSUING SCHOOL, AGENCY OR INSTITUTION.** MBLEx Official Score Report will be automatically transferred after the applicant makes an official request directly to FSMTB.

MAILING ADDRESS: **Maryland Board of Chiropractic and Massage Therapy Examiners**
Massage Therapy Program—Attention Emily Jones
 4201 Patterson Avenue, Suite 301
 Baltimore, MD 21215-2299

_____ **NOTE: A LICENSE OR REGISTRATION CANNOT BE ISSUED UNTIL RECEIPT OF ALL DOCUMENTATION IS PRESENT IN AN APPLICANTS BOARD FILE INCLUDING THE APPLICANT'S OFFICIAL SEALED TRANSCRIPT(S) FROM ALL SCHOOLS BY THE ISSUING AUTHORITY. THE OFFICIAL NCBTMB SCORE REPORT inclusive of THE PHOTOCOPY OF THE NATIONAL CERTIFICATION WALL CERTIFICATE OR THE OFFICIAL MBLEx SCORE REPORT BY THE ISSUING AUTHORITY (no exceptions/ no waivers).**

All applications and related materials must be postmarked by the "Application Postmark Deadline" date specified on the Jurisprudence Examination Schedule (exception –Certified Sealed Transcripts arriving to the Board from schools). The Board accepts completed applications delivered by the following: United States Postal Service, UPS, FedEx, or DHL. Postmark deadline dates appear on the JP Exam Schedule on Board website. The Board does not accept walk-ins of applications. A letter acknowledging receipt of application will be mailed within 10 business days.