

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

4201 Patterson Avenue, 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: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
First Middle Last

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).*

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 will be sent to you at this address. If your mailing address changes it is your responsibility to inform the Board.)*

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Licensure/Certification and Legal Information**

A. List all professional or trade licenses, certificates and/or registrations held (do not your list driver's license and CPR cards):

Issuing Organization	Date Issued	License/Registration/Certificate #

Application for Licensure or Registration in Massage Therapy

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, canceled, or investigated?  
\_\_\_\_YES \_\_\_\_NO

If "YES", explain reasons in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

D. Have you ever been arrested, or entered a plea of guilty, no contest, nolo contendere or been convicted of a crime or received probation before judgment in any jurisdiction for a crime other than a minor traffic violation?  
\_\_\_\_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

Name \_\_\_\_\_

## Professional Training

List all massage programs, colleges, universities, and trade schools attended to satisfy the academic requirements for massage therapy certification or registration; list most recent school first. Official transcripts must be mailed to the Board by the massage 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: \_\_\_\_\_

Official transcript(s) must be mailed by the massage program, college, university, or trade school directly to:

Maryland DHMH – Board of Chiropractic & Massage Therapy Examiners  
Massage Therapy Program, Attention: Emily Jones  
4201 Patterson Avenue  
Baltimore, MD 21215-2299

Name \_\_\_\_\_

### Professional References

Provide a minimum of **three** professional references that can attest to your massage therapy skills, professional standards of practice and clinical work. These persons should work in the massage field or related professions such as chiropractic, physical therapy, or medicine. You may use professors and instructors from your massage school.

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

E. 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

Application for Licensure or Registration in Massage Therapy

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.

\_\_\_\_\_  
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).

(ATTACH RECENT 2" X 2"  
PHOTO IN THIS AREA)

Signature of Notary \_\_\_\_\_

Printed or Typed Name of Notary \_\_\_\_\_

**Please place notary seal on  
edge of photograph**

Name \_\_\_\_\_

## CHECKLIST

**Check (✓) the items included in the application packet sent to the Board.**

- \_\_\_\_\_ 1. Completed application form for massage therapy licensure or registration.
- \_\_\_\_\_ 2. Attached photos (**two** recent 2" x 2" - head & shoulders). One photo on Page 5 with Notary Seal **placed over edge of photo**. (The second photo can be attached to any other page of the application.)
- \_\_\_\_\_ 3. A photocopy of Certificate or Official Candidate Score Report to verify passing an exam offered by the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB). License/Registration **CANNOT** be issued until receipt of Official Score Report from examining authority (no waivers/exceptions).  
For information: Call 800.296-0664 or 888.802-6600 or visit the NCBTMB web site [www.ncbtmb.com](http://www.ncbtmb.com).

OR

- \_\_\_\_\_ A photocopy of National Certification Commission for Acupuncture & Oriental Medicine (NCCAOM) certificate or the Official Exam Score Report to verify passing the NCCAOM – Asian Bodywork Therapy examination. For information: Call 703.548-9004 or visit the NCCAOM web site [www.nccaom.org](http://www.nccaom.org).
- \_\_\_\_\_ 4. Application fee of \$150.00 by certified check **or** money order made payable to **Maryland Board of Chiropractic Examiners**.
- \_\_\_\_\_ 5. A Jurisprudence Examination registration form **and** \$100.00 fee by **certified check or money order** made payable to the **Maryland Board of Chiropractic & Massage Therapy Examiners**. To prepare for this examination download, review, and study the Maryland massage therapy laws and regulations.
- \_\_\_\_\_ 6. A photocopy of massage therapy school and/or college transcript(s).
- \_\_\_\_\_ 7. A photocopy of your valid, qualification in CPR.
- \_\_\_\_\_ 8. Have you requested the NCBTMB or NCCAOM to send your official exam score report directly to the Board? Have you requested that your college, university, trade school or massage program to send your official transcript(s) directly to the Board? Official transcripts and exam score reports must be mailed to:

Maryland DHMH – Chiropractic & Massage Therapy Examiners  
Massage Therapy Program, Attention: Emily Jones  
4201 Patterson Avenue  
Baltimore, MD 21215-2299

**All applications and related materials must be postmarked by the date specified on the Jurisprudence Exam registration form for consideration for the Exam that month. The Board accepts applications delivered by the following: United States Postal Service, UPS, FedEx, or DHL. Postmark deadline dates appear on the Jurisprudence Exam registration form. The Board does not accept walk-ins of applications. A letter acknowledging receipt of application will be mailed within 10 business days.**

NOTE: If you attended a foreign school (outside of USA), are you willing to pay the fees to the Board-designated contract commission to investigate, review and verify your school and transcripts (fees could range from (\$300 - \$500)? If yes, you must contact the contract agency named on the sheet titled Notice to Applicants Who Attended Foreign Schools. **Your application will not be processed unless/until the Board receives a report from the company.** Also, you are advised that if an investigative review is conducted, this does not guarantee that your transcripts and application will be approved.