

**MD BOARD OF CHIROPRACTIC & MASSAGE THERAPY EXAMINERS**  
**REACTIVATION FOR RENEWAL APPLICATION FOR 2010-2012**



NAME: \_\_\_\_\_  
 BD LIC. / REG. NO.: \_\_\_\_\_  
 CURRENT PHONE NO.: \_\_\_\_\_

**BOARD USE ONLY**

Date RECEIVED: \_\_\_\_\_  
 APPROVAL Initials / Date: \_\_\_\_\_ / \_\_\_\_\_  
 Reviewer/Date: \_\_\_\_\_ / \_\_\_\_\_  
 CEU Reviewer/Date: \_\_\_\_\_ / \_\_\_\_\_  
 Entered Database: \_\_\_\_\_  
 Check/MO No.: \_\_\_\_\_  
 Comment(s): \_\_\_\_\_

INVESTIGATOR'S Initials: \_\_\_\_\_ / Date: \_\_\_\_\_  
 Background: COMPLETE  PENDING

**REACTIVATION FOR RENEWAL FEES:**

**LICENSE MASSAGE THERAPIST = L.M.T.**

**REGISTERED MASSAGE PRACTITIONER = R.M.P.**

Payment must be by personal check, certified check, or money order payable to the *“Board of Chiropractic & Massage Therapy Examiners”* Other fees may apply. **Cash, credit cards, and walk-in payments are not accepted.**

- ◆ **REACTIVATION Application Fees for (LMT)** – **\$378.00** (Includes \$250 renewal fee, \$100.00 reactivation fee and mandatory biennial assessment of \$28.00 by the Maryland Health Care Commission which applies to all Maryland Health Care Practitioners.)
- ◆ **REACTIVATION Application Fees for (RMP)** – **\$350.00** (Includes \$250 renewal fee, \$100.00 reactivation fee.)

**APPLICANTS MUST COMPLETE ALL SECTIONS OF THIS APPLICATION. PRINT LEGIBLY OR TYPE.**

**A. CURRENT MAILING ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_ Home Ph. No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

\*PREVIOUS ADDRESS: \_\_\_\_\_

**B. E-MAIL ADDRESS:** *(Please provide your current, valid e-mail address for better communication from the Board and CEU providers)*> E-Mail: \_\_\_\_\_

**C. WORKERS' COMPENSATION INSURANCE INFORMATION** *(Required per Health Occupations Art. §1-202):*  
*Please direct inquiries to 410-864-5100 or visit the WCC website at <http://www.wcc.state.md.us> for more info.*

***I HEREBY CERTIFY THAT:***

- \_\_\_\_\_ I do not practice in Maryland.  
 \_\_\_\_\_ I practice in Maryland and am **NOT** an employer.  
 \_\_\_\_\_ I practice in Maryland and employ one or more persons. Listed below is my required Workers' Compensation Insurance information.

**Insurance Co.:** \_\_\_\_\_ **Policy No.:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

