

APPLICATION FOR LICENSE OR REGISTRATION IN MASSAGE THERAPY (PAGE 1 OF 11)

GENERAL INFORMATION

Application: Date MAILED: ___/___/___

I herewith enclose this completed application with the following requirements:

- ✓ **TO APPLY: HAVE GRADUATED FROM AN ACCREDITED MASSAGE PROGRAM WITH A MINIMUM OF 600 HOURS AND READ THE LAWS AND REGULATIONS GOVERNING MASSAGE THERAPY IN THE STATE OF MD. THE LAWS & REGULATIONS ARE LOCATED ON THE BOARD’S WEBSITE: www.dhmf.maryland.gov/massage**
- ✓ **(CHECK OFF ALL REQUIREMENTS/DOCUMENTS SUBMITTED WITH THIS APPLICATION).**
 - **TOTAL FEES DUE WITH THIS APPLICATION: \$250.00** (Application Fee \$150 + JP Exam Fee \$100) One Money Order or Bank Cashier’s Check made payable to: “MD State Board of Massage Therapy Examiners”
 - **ALL REQUIRED INFORMATION COMPLETED WITH NO BLANKS** – INSERTED N/A For Not Applicable
 - **DISCIPLINARY PAGE COMPLETED AND A COPY OF CRIMINAL HISTORY RECORDS FINGERPRINT RECEIPT ATTACHED [see page(s) 9-11] FOR IN STATE.** FOR OUT OF STATE APPLICANTS; CONTACT THE BOARD TO REQUEST THE FINGERPRINT CARD [see page(s) 9-10] [Effective Jan. 1, 2015] MUST NOT BE MORE THAN 30 DAYS OLD.
 - **COPY OF NON EXPIRED MD DRIVER’S LICENSE, STATE ID CARD OR OUT OF STATE ID CARD**
 - **(2) 2 X 2 PASSPORT TYPE PHOTOGRAPHS ON WHITE BACKGROUND (ON PHOTO PAPER)**
 - **NOTARY PAGE IS COMPLETED BY APPLICANT IN THE PRESENCE OF NOTARY AND CONTAINS NOTARY SEAL**
 - **UNOFFICIAL COPY OF MASSAGE TRAINING TRANSCRIPT(S) SHOWING COMPLETION / GRADUATION FROM THE MASSAGE PROGRAM WITH A MINIMUM OF 600 HOURS AND if applicable – Request Official be Sent to Board**
 - **UNOFFICIAL COPY OF COLLEGE TRANSCRIPTS OF 60 CREDITS OR MORE**
 - **COPY OF SCORE REPORT (MBLEX OR NCBTMB EXAM(S) REPORT)- Request Official be sent to Board**
 - **COPY OF YOUR VALID CPR CERTIFICATION – LMT=Healthcare Provider Level (4/2015) OR RMP = CPR & AED**
 - **REQUESTED OFFICIAL TRANSCRIPTS AND SCORE REPORT (FSMTB, NCBTMB or NCCAOM) BE SENT DIRECTLY TO THE BOARD**

IMPORTANT: All of the above must be received by the Board **BY THE POSTMARK DEADLINE DATE.** No exceptions. EXAMINATION DATES AND POSTMARK DEADLINES ARE POSTED ON THE BOARD’S WEBSITE: www.dhmf.maryland.gov/massage

MAILING ADDRESS PROVIDED BELOW IS MY: Residence Business Address

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Legal Last Name Legal First Name Initial(s)

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Maiden Name / Name Changed from (provide court documents) / Aliases (other name(s) you’re known)

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Mailing Street Address Apt. No.

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City State Zip Code

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Telephone Number Cell or Alternative Number

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E-mail Address *(print legibly)*

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Social Security Number DOB Month Day 4 Digit Year Age

APPLICATION FOR LICENSE OR REGISTRATION IN MASSAGE THERAPY

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Last Name: _____ Social Security Number: **XXX-XX-**□□□□

ALL APPLICANTS MUST HAVE AN OFFICIAL CRIMINAL HISTORY RECORDS CHECK (CHRC) –EFFECTIVE JANUARY 1, 2015 BY FINGERPRINTING [THE GUIDELINES / FORM FOR CHRC IS ATTACHED TO THIS APPLICATION PACKET]. OUT OF STATE APPLICANTS MUST CONTACT THE BOARD’S ADMINISTRATIVE ASSISTANT [410-764-4738] AND REQUEST AN OFFICIAL OUT OF STATE FINGERPRINT CARD BE MAILED DIRECTLY TO YOU BEFORE SUBMISSION OF THIS APPLICATION TO THIS MD BOARD AS YOU WOULD NEED TO INCLUDE THE FINGERPRINT RECEIPT WITH YOUR APPLICATION BY THE APPLICATION DEADLINE DATE. THE AFOREMENTIONED REQUIREMENT IS IN ADDITION TO ANSWERING THE FOLLOWING DISCIPLINARY QUESTIONS.

DISCIPLINARY / BACKGROUND INFORMATION: Answer ALL questions and provide honest answers to avoid delays AND / OR a possible denial in the processing of your application.

B. Have you ever been denied a license, certificate, or registration? ____ YES ____ NO

If “YES”, explain reasons in detail: _____

(Use separate piece of paper if not enough space)

C. Have you ever had a license, certificate or registration revoked, suspended, canceled, or investigated?
____ YES ____ NO

If “YES”, explain reasons in detail: _____

(Use separate piece of paper if not enough space)

D. Have you ever appeared in court, 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(s) for which you appeared in court(s): _____

Court Name and full Address to which you appeared: _____

(Please answer one or all that is applicable to answering “yes” in Section D of the page).

Date on which you received **any court disposition**: _____. Date on which you received a **conviction**: _____.
Date on which you received a **Stet**; _____. Date on which you received Probation before Judgment (**PBJ**): _____.
Date on which you received **other**: _____.

Any Court Case(s) that you were involved; 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.

[STOP AND TAKE NOTE!]

**[ATTACH A COPY OF THE RECEIPT FROM YOUR CRIMINAL HISTORY RECORDS CHECK (FINGERPRINTING) TO THIS PAGE.]
HOW TO OBTAIN - PER INSTRUCTIONS ON PAGE(S) 9 – 11 FOR MARYLAND RESIDENTS AND PAGE(S) 9-10 FOR OUT OF STATE APPLICANTS]**

APPLICATION FOR LICENSE OR REGISTRATION IN MASSAGE THERAPY

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Last Name: _____ Social Security Number: **XXX-XX-□□□□**

Professional Training

List ALL Educational Credentials such as massage programs, colleges, universities, and trade schools attended to satisfy the academic requirements for a license or registration.

LIST ACCREDITED MASSAGE TRAINING SCHOOL FIRST then subsequent educational credentials.

LIST ANY HIGHER EDUCATION OF 60 OR MORE CREDITS TO BE EVALUATED FOR THE LMT STATUS AND PROVIDE COPY OF TRANSCRIPT(S) WITH THE APPLICATION. IF APPROVED – OFFICIAL TRANSCRIPT MUST BE SENT DIRECTLY TO THIS BOARD FROM THE ISSUING COLLEGE/INSTITUTION.

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: _____

ALTHOUGH PHOTOCOPIES OF TRANSCRIPTS AND SCORE REPORTS MUST ACCOMPANY THE INITIAL APPLICATION IN ORDER TO SIT FOR THE JURISPRUDENCE EXAMINATION; ENSURE THAT YOU HAVE CONTACTED ALL SCHOOLS AND INSTITUTIONS IN THE INTERIM SO THAT THE OFFICIAL TRANSCRIPT(S) AND SCORE REPORT(S) CAN BE SENT DIRECTLY TO THIS BOARD BY THE ISSUING ENTITY.

NOTE: FAILURE TO SUBMIT A COMPLETED APPLICATION WITH REQUIRED DOCUMENTATION WILL DELAY YOUR PROCESSING AND ABILITY TO SIT FOR THE EXAM TO WHICH YOU MET THE DEADLINE REQUIREMENT.

***OFFICIAL TRANSCRIPT(S) AND SCORE REPORTS MUST BE MAILED DIRECTLY TO THIS BOARD BY THE ISSUING EDUCATIONAL INSTITUTION, MASSAGE PROGRAM; COLLEGE; UNIVERSITY, OR TRADE SCHOOL.**

IT IS THE APPLICANT'S RESPONSIBILITY TO REQUEST AT THE TIME OF COMPLETING THIS APPLICATION THAT THE OFFICIAL TRANSCRIPT(S) AND SCORE REPORT BE SENT DIRECTLY TO THIS BOARD BY THE ISSUING ENTITY/AGENCY

SUBMISSIONS FROM THE VARIOUS ENTITIES CAN BE MAILED TO:

MD STATE BOARD OF MASSAGE THERAPY EXAMINERS
4201 Patterson Ave., Suite 301
Baltimore, MD 21215-2222
Attn: Emily Jones, Licensing Coordinator

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Last Name: _____ Social Security Number: **XXX-XX-**□□□□

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. 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 institution.

COMPLETE THIS SECTION WITH ACCURATE INFORMATION AND COMPLETE INFORMATION TO AVOID DELAYS. FALSE INFORMATION WILL DELAY OR MAY POSSIBLY BE CAUSE FOR DISCIPLINARY ACTION.

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

NOTE:

DID YOU COMPLETE ALL BLANKS WITH ACCURATE VERIFIABLE INFORMATION? THE REFERENCE INDIVIDUALS SHOULD KNOW THAT YOU ARE USING THEM AS A REFERENCE AND YOU SHOULD HAVE OBTAINED CURRENT ADDRESSES AND TELEPHONE NUMBERS.

FAILURE TO COMPLETE THIS SECTION COMPLETELY AND ACCURATELY MAY DELAY YOUR APPLICATION PROCESS; IF THE BOARD CANNOT CONFIRM THE AFOREMENTIONED INFORMATION.

APPLICATION FOR LICENSE OR REGISTRATION IN MASSAGE THERAPY

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Last Name: _____ Social Security Number: **XXX-XX-□□□□**

READ CAREFULLY, PRESENT IDENTIFICATION AND SIGN IN PRESENCE OF NOTARY

LEGAL FIRST NAME: _____ **M.I.** _____ **LAST NAME:** _____

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

In making this application to the State Board of 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 10.43.02, 10.43.06, 10.43.16 through 10.43.21** 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 State Board of Massage Therapy Examiners, 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 the official license or registration back 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, _____

Signature of Notary _____

(SEAL)

Printed or Typed Name of Notary _____

(ATTACH RECENT
**2" x 2" PASSPORT TYPE PHOTO
WHITE BACKGROUND
PHOTO IN THIS AREA)**

APPLICATION FOR LICENSE OR REGISTRATION IN MASSAGE THERAPY

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Last Name: _____ Social Security Number: **XXX-XX-□□□□**

MARYLAND JURISPRUDENCE EXAMINATION REGISTRATION FORM

EXAMINATION DATES AND APPLICATION POSTMARK DEADLINE DATES ARE LOCATED ON THE BOARD’S WEBSITE: www.mdmassage.org OR www.dhmfh.maryland.gov/massage under the tab titled, “Examinations” in the left menu of the website’s homepage.

Scheduling of a specific exam date AND receipt of an “Admittance Letter” is predicated on a **completed application** with the required documentation within the postmark deadline date received to the Board. In order to be able to sit for the Jurisprudence Exam; **ALL applications must include the following photocopies: unofficial transcripts [massage training and if applicable, college transcript(s)], unofficial score report [either FSTMB – MBLEx, NCBTMB, or NCCAOM], CPR certification [for status as RMP– Basic CPR or for status as LMT – Provider Level CPR], and copy of Criminal History Records Check (CHRC) completion – payment receipt.**

All exam fees must be paid by Certified Check or Money Order and can be included in one check with for Application Fee. All fees must be payable to the Maryland State Board of Massage Therapy Examiners.

PLEASE PRINT:

LEGAL NAME: _____

MAILING ADDRESS: _____

RESIDENCE ADDRESS (if different then mailing address): _____

CITY: _____ STATE: _____ ZIP CODE: _____

DRIVER’S LICENSE NUMBER: _____ STATE: _____

CELL PHONE: _____ WORK PHONE: _____ ALTERNATE NO. _____

EMAIL ADDRESS (PRINT LEGIBLY): _____

I, (*print name*): _____, swear or affirm that all previous information provided to the MD State Board of 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 and that license/registration is in hand.

Signature _____

Date _____

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Last Name: _____ Social Security Number: **XXX-XX-**□□□□

BOARD POLICY REGARDING APPLICANT’S FAILURE OF THE 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 further 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 (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



STATE OF MARYLAND

DHMH MD State Board of Massage Therapy Examiners

Maryland Department of Health and Mental Hygiene

4201 Patterson Avenue • Suite 301 • Baltimore, Maryland 21215-2222

Massage Therapy Office: 410-764-4738 • Fax: 410-358-1879

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary



Criminal History Records Check

A full Criminal History Records Check is a requirement for a license or registration from the Maryland Board of Chiropractic Examiners. A full background check includes both State and FBI checks. The Department of Public Safety and Correctional Services, Criminal Justice Information System (CJIS) oversees Criminal History Record Checks. History record checks are conducted by being fingerprinted.

CJIS AUTHORIZATION #: 1600004151

FBI ORI #: MD 920519Z

REASON FINGERPRINTED: Massage Therapy License or Registration

TYPE OF CHECK: Governmental Licensing/Certification

The cost is \$50.00 (\$30.00 background check and \$20.00 fingerprinting service). However, the cost of fingerprinting services from private providers can vary. The fee must be paid directly to the provider. **CASH IS NOT ACCEPTED.** For additional information contact CJIS at 410-764-4501 or visit www.dpscs.maryland.gov/publicservs/fmgerprint.shtml.

All applicants for licensure or registration in Maryland will be required to submit fingerprints. This can be accomplished in two ways depending on if you are a Maryland resident or not. In order to comply with the regulations and not delay the issuance of a license or registration, follow the following directions on the next 2 page(s).

Laurie Sheffield-James, M.Div., Executive Director • Adrienne Congo, M.S., Deputy Director
4201 Patterson Avenue, Suite 301 – Baltimore, Maryland 21215-2222

Massage Therapy website: www.dhmh.maryland.gov/massage

Toll Free 1-877-4MD-DHMH • TTY for Disabled – Maryland Relay Service 1-800-735-2258

FOR Maryland Residents

1. Follow the directions in this letter and have your fingerprints taken **prior to** mailing in your application. You will need to have the specific CJIS Authorization number and FBI ORI # with you when you are fingerprinted (the number is on the attached form).
2. When you have your fingerprints taken you will be given a receipt for payment. Include a copy of the receipt when filing your initial application.
3. Once the results of the background check are received the application process will be completed in accordance to Board regulations and policies. For additional information contact: CJIS at (410)764-4501 OR visit www.dpscs.maryland.gov/publicservs/fingerprint.shtml

FOR Out of State Residents

Note. If you live or work close to Maryland you have the option of using a Maryland location for your fingerprinting. If you use a Maryland location you may follow the directions for Maryland residents. If not,

1. **Before submitting a completed application, contact this Board (410) 764-4738 to request an “Out of State Application for Criminal History Record Check” card** containing the CJIS Authorization number and the FBI ORI# to be mailed to you.
2. Have your Fingerprints taken at a location near you. For additional information contact CJIS at 410-764-4501 or visit www.dpscs.maryland.gov/publicservs/fingerprint.shtml
3. Once you have your Fingerprints taken you **MUST MAIL THE FINGERPRINT CARD** to the below address with a check for \$30.00 made out to the "**CJIS Central Repository**".

Mail To:
CJIS Central Repository
P.O. Box 32708
Pikesville, Maryland 21282-2708

4. **FOR THE Massage Therapy Application – Attach the copy of the fingerprint “receipt” to the completed massage therapy application and remit to the Board.**
5. Once the results of the background check are received the application process will continue in accordance to Board regulations and policies. Electronic



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION *(PLEASE TYPE OR PRINT CLEARLY)*

Name:

Date of birth: _____ SSN: _____ Gender: Male Female *(Please check)*

Height: ft. inches Weight: lbs. Eye Color: _____ Hair Color: _____

Race: Black White Asian/Pacific Islander Native American Other *(Please check)*

Place of Birth: _____ Citizenship: _____

Current address:

City: _____ State: _____ ZIP Code: _____

Daytime Phone: _____ Evening Phone: _____ Driver's License #: _____

AGENCY INFORMATION

Agency Authorization #: 1600004151

ORI # (if required): MD 920519Z Reason fingerprinted? Licensing

Position Applied for: Massage License or Registration

Request Type: *(Choose one ONLY)*

- | | |
|--|---|
| <input type="checkbox"/> Adult Dependent Care | <input checked="" type="checkbox"/> Government Licensing or Certification |
| <input type="checkbox"/> Attorney/Client | <input type="checkbox"/> Immigration/VISA |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Individual Challenge |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Individual Review |
| <input type="checkbox"/> Gold Seal/ Adoption | <input type="checkbox"/> MSP Licensing |
| <input type="checkbox"/> Gold Seal/Letter/VISA | <input type="checkbox"/> Private Party Petition |
| <input type="checkbox"/> Government Employment | <input type="checkbox"/> Public Housing |

Mail Response to:

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name:

Address:

City, State, Zip code:
