



Maryland State Board of Massage Therapy Examiners
4201 Patterson Avenue, Suite 301, Baltimore, Maryland 21215
Office Main Telephone: 410-764-4738 • Office Fax: 410-358-1879

REQUEST FOR APPROVAL OF CONTINUING EDUCATION COURSE INSTRUCTIONS

WHO AND WHEN TO SUBMIT

Either a MD licensed Massage Therapists, a MD Registered Massage Practitioners or any program providers not already pre-approved by the Board may submit a request of approval. Course approvals expire three (3) years from the date of approval. A request must be submitted to the Board **at least 60 days before the start date** of the program or course.

The Maryland State Board of Massage Therapy Examiners automatically approves massage courses given by the organizations listed below. If the program is sponsored or offered by one of these pre-approved providers, you do not need to submit this form.

- American Massage Therapy Association (AMTA)
- Associated Bodywork and Massage Professionals (ABMP)
- Federation of State Massage Therapy Boards (FSMTB)
- National Certification Board for Therapeutic Massage and Bodywork (NCBTMB)
- The National Certification for Acupuncture and Oriental Medicine (NCCAOM)
- The American Organization for Bodywork Therapies of Asia (AOBTA)
- National and State massage therapy organizations accredited by the federal or state government or a Board recognized accreditation society; and
- Accredited state schools and U.S. Military Commands

Note: Up to 12 hours may be achieved for formal, authorized representation at a national, regional, or local convention or meeting relating to any of the above cited organizations.

FEES

1. A one-time payment of \$25 if the request is submitted by a MD licensee or MD registrant.
2. **\$25 for each course** if the request is submitted by a **course provider**.

Payments are accepted by check or money order payable to the MD State Board of Massage Therapy Examiners.mass

DOCUMENTS REQUIRED

- Application Form(s). Each course requires a separate application form.
- Resume and/or CV for each instructor, supporting massage therapy subject matter expertise and experience.
- Detailed Course Syllabus illustrating learning outcomes and the breakdown of time allotted for each part of the course's content.
- Title, date, time and location of each course.
- Number of CE Hours to be awarded for each course.
- Method of course delivery (live, webinar, home study, etc.)
- Sample Copy of course completion certificate.



CONTINUING EDUCATION COURSE APPROVAL APPLICATION FORM

Requester (check one):

Sponsor/Course Provider Maryland Licensed Massage Therapist or Registered Massage Practitioner

LICENSEE / REGISTRANT

License / Registration Holder's Name:	License/Registration Number M _____ or R _____
Street Address: (Include Unit #, Apt.#, or Floor)	Contact Number:
City:	State: Zip
Email Address:	
Course Provider:	Contact Number:
Course Sponsor:	Contact Person:
Address of Provider/Sponsor:	
City:	State: Zip
Email Address:	
Course Title: _____	Course Date(s): _____
Course Location: _____	
Total Contact or Credit Hours Requested: _____	Mode of Delivery ___ Online ___ Live
Certificate Provided? ___ Yes ___ No (Attach sample of Certificate)	___ Blended ___ Home Study
Course Fee per Licensee/Registrant: \$ _____	
Enclose course outline, agenda or syllabus illustrating learning outcomes and the breakdown of time allotted for each part of the course's content. Also enclose the detailed resume or curriculum vitae (CV) for each instructor and sample certificate.	

INDIVIDUAL PROVIDER / ORGANIZATION PROVIDER

Individual Provider or Organizational Provider(s):	Contact Person:
Street Address (If applicable, include Suite, Unit or No.):	City ST Zip
Email Address:	Contact Phone:
Website URL:	List other states this specific course has been Accepted?
Course Title: _____	
Course Instructor(s):	Have you presented this course to this Board Prior to this request? ___ Yes ___ No
Course Location:	Date(s) Course Offered:
Course Fee Per Licensee/Registrant: _____	Examination/Assessment Component? ___ Yes ___ No
Mode of Delivery (check all that apply): ___ Online ___ Live ___ [Blended (___ % online / ___ % live)] ___ Home Study	
Total Number of CE Hours requested for approval: _____ Exact Hours: _____	
Name of certifying officer and method used to ensure attendance and completion: _____ _____	

Board Use Only: Check Date: _____ Check Number: _____ Check Amt.: _____