



**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

**OFFICIAL NOTIFICATION OF NAME CHANGE**

Please type or print all information. Include the \$40 fee payable by check or money order to update your license or registration.

Pursuant to Maryland law § 6-305(d), written notification of name and/or address changes must be made to the Board within **60 days** of the applicable change. A **\$100.00 penalty is assessed for failure to comply.**

<b>CURRENT INFORMATION ON FILE WITH BOARD</b>	NAME (FIRST, MIDDLE, LAST)	HOME PHONE:
	BUSINESS NAME (IF APPLICABLE):	CELL PHONE:
	HOME or BUSINESS STREET ADDRESS (If applicable, include Unit #, Apt.#, or Floor)	WORK PHONE:
	CITY STATE ZIP	FAX NUMBER:
	WHAT IS YOUR STATUS WITH THIS BOARD? (Check One) <input type="checkbox"/> LMT <input type="checkbox"/> RMP or <input type="checkbox"/> Applicant LICENSE/REGISTRATION NUMBER: _____	
	WHAT DATE DID YOUR NAME LEGALLY CHANGE? (Board Requires Official Documentation) ____/____/____ <b>If more than 60 days, remit payment in the amount of \$140 payable to MD State Board of Massage Therapy Examiners.</b>	
NAME CHANGED DUE TO ( Check appropriate box): <input type="checkbox"/> MARRIAGE <input type="checkbox"/> DIVORCE <input type="checkbox"/> LEGAL <input type="checkbox"/> OTHER		
<b>NEW LEGAL NAME</b>	NEW NAME YOU ARE REPORTING:	HAS YOUR ADDRESS CHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO
	GO TO <a href="http://www.health.maryland.gov/massage">www.health.maryland.gov/massage</a> to access Board Forms IF YOUR ADDRESS HAS CHANGED IN ADDITION TO YOUR NAME, ATTACH THE COMPLETED CHANGE OF ADDRESS FORM.	DID YOU COMPLETE THE CHANGE OF ADDRESS FORM? <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>FAILURE TO SUBMIT ALL REQUIRED DOCUMENTS AND THE CORRECT FEES AT ONE TIME WILL RESULT IN A DELAY IN OBTAINING YOUR NEW LICENSE OR REGISTRATION.</b>	
	<i>I attest that the above statements are true to the best of my knowledge.</i>	
<i>Signature:</i>	<i>Date:</i>	

**PLEASE INCLUDE THE FOLLOWING WITH THIS FORM:**

1. Original **pocket** license/registration (required):
2. The \$40.00 fee to reissue your license or registration; \$140 with penalty for failure to notify Board within 60 days of change; **and**
3. A. Copy of the court order/legal document authorizing name change **and**  
B. **one** of the following reflecting the new name:
  - Copy of the new driver's license or state issued identification card
  - Copy of the new social security card
  - Copy of a valid U.S Military Photo ID
  - Copy of Certificate of Citizenship/Naturalization/Passport

**Within 10 days of the receipt of your updated license/registration, you will be required to mail back your initial license/registration from the current cycle.**

BOARD USE ONLY	
Check Date: _____	Check Amt.: _____
Check #.: _____	
Supporting Documents Rec'd: _____	
D/base updated: _____	Int: _____
Lic./Reg mailed: _____	Int. _____