Maryland
DEPARTMENT OF HEALTH

MARYLAND STATE BOARD OF MASSAGE THERAPY EXAMINERS
4201 Patterson Avenue, Suite 301, Baltimore, MD 21215
Office (410) 764-4738; Fax (410) 358-1879
www.health.maryland.gov/massage

REACTIVATION APPLICATION

(For Licensees / Registrants Who Completed An Inactive Status Application - Less Than 5 Years)

FEES

Payment must be by personal check, certified check, or money order payable to **MD State Board of Massage Therapy Examiners.** Mail with application to:

4201 Patterson Avenue, Suite 301, Baltimore, MD 21215. Attention: **Licensing Unit.**

LICENSED MASSAGE THERAPIST = LMT	REGISTERED MASSAGE PRACTITIONER = RMP
$376.00 - Includes $100 reactivation fee; $250 renewal fee; and the mandatory $26 assessed by the Maryland Health Care Commission on all Maryland Health Care Practitioners.	**$350.00 -** Includes $100 reactivation fee and $250 renewal fee.

CURRENT INFORMATION ON FILE WITH THE BOARD

Name: _____ License/Registration Number: _____

Address: _____ _____
Street *Apt. / Suite #*

_____
City *State* *Zip*

Home Phone: _____ Cell: _____ Date of Birth: _____

Email: _____ Social Security Number: _____

Check applicable box: ☐ My name has legally changed. ☐ My address has changed.

Attach Name Change and/or Address Change form to this application.

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 information.*

I HEREBY CERTIFY THAT ***(Check One)*** ☐ 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 (must provide insurance information below).

Listed below is my required Workers' Compensation Insurance information.

Insurance Co.: _____ Policy No.: _____ Exp. Date: _____

BOARD USE ONLY
CHRC by Investigator/License Coordinator

MD Judiciary Case Search Clear _____Yes _____No

Date to: Licensing Committee: _____

Discipline Committee _____

Date Board Approved: _____

Signature &Date: _____

BOARD USE ONLY

Date Received in Office: _____ Review Date: _____ Int.: _____

Check Date: _____ CEUs Completed _____ Int.: _____

Check Amt.: _____ Approved _____ Int.: _____

Check Number: _____ Entered Database: _____ Int.: _____

Lic. / Reg. Number: _____ Control #: _____

A. PROFESSIONAL COMPETENCY & CHARACTER AND FITNESS BACKGROUND

Please write "***YES***" or "***NO***" to each question below. All "*YES*" answers **mu**st be explained in your own words on a separate sheet. Include all details, dates, and resolutions to the matter. Attached all related court records and documents. ***NOTE*: ALL QUESTIONS MUST BE ANSWERED OR APPLICATION WILL BE RETURNED**. **PROVIDE ACCURATE, COMPLETE AND COMPREHENSIVE ANSWERS TO AVOID DELAYS OR SANCTIONS.**

_____***1.*** ***Since your last active status***, have you been addicted to, or are you currently dependent on alcohol, any drug (prescription or non- prescription), or any controlled substance?

_____***2.*** ***Has ANY state*** licensing, certification or disciplinary Board or comparable body in any federal, state municipality or Armed Forces ever taken **any** action against your license, certification, or registration, including this Board?

_____***3.*** ***Since your last active status***, have there been any outstanding complaints, investigations, charges, or allegations pending against you by **any** state licensing board or comparable body in any federal, state municipality or Armed Forces?

_____***4.*** ***Since your last active status***, have you had a physical or mental illness, or injury/disability that impaired or impairs your ability to practice?

_____***5.*** ***Since your last active status*,** have you been **charged with a crime,** *had any* ***court proceedings,*** pled ***guilty***, ***nolo contendere***, ***no contest***, or been ***convicted*** or received ***probation before judgment*** of any criminal act, including DWI or DUI of alcohol or controlled substances in this or any state?

_____***6.*** ***Since your last active status***, has any hospital, HMO, managed care organization, or related healthcare entity or employer denied you privileges or employment, denied application for employment, or did not renew your contract for a reason or reasons related to your practice?

_____***7.*** ***Since your last active status***, has a malpractice suit, civil suit or action been filed against you or has a claim been made against you or a settlement or award had been made against you relating to your practice?

B. CONTINUING EDUCATION: 24 Hours & CPR certification completed between November 1st and October 31st of the last two years. Requirements are: 1 hour in Diversity and Cultural Competency; 3 hours in Professional Ethics or Jurisprudence; 3 hours in Communicable Diseases including AIDS/HIV & 17 Massage Related (techniques) courses.

- ☐ 1 Hour in Diversity and Cultural Competency
- ☐ 3 Hours in Professional Ethics or Jurisprudence
- ☐ 3 Hours in Communicable Diseases including AIDS/HIV
- ☐ 17 Massage Related (techniques) courses
- ☐ CPR Certification at Healthcare Provider Level

☐ Copies of all CEU certificates and unexpired CPR certificate are attached to the application. _____ Applicant's Initials

C. Fees

Active **LMT** Renewal Fee: $276.00 (*Renewal Fee Includes Health Care Commission Fee of $26.00)*	$_____
Active **RMP** Renewal Fee: $250.00	$_____
Reactivation Fee: $100.00 (*In addition to the renewal fee)*	$ 100.00
Duplicate Fee: $40.00 X _____ (*$20.00 during Biennial Renewal Period – Aug. 30th – Nov. 30th even yr.*)	$_____
Check(s) or money order(s) number(s): _____ **TOTAL FEES**	**$**_____

I affirm and attest that the information I have given on this application is true and correct to the best of my knowledge and belief.

_____	_____	_____
Print Applicant's Name	Applicant's Signature	Date

REACTIVATION APPLICATION

Applicant: _____ License/Registration Number: _____

Professional Competency & Character and Fitness Background Explanation

(For yes answers to Questions 1-7 of Section A)

If not applicable; disregard this page. If you answered yes to any questions in Section A – page 2, complete information and indicate the specific documents you attached.