



## 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

### REINSTATEMENT APPLICATION

(Only For Licenses / Registrations Expired 5 Years or Less)

**FEES:** Licensed Massage Therapists (LMTs) - \$676      Registered Massage Practitioners (RMPs) - \$650  
**PAYMENT:** Remit Personal check, certified check, or money order payable to 'MD State Board of Massage Therapy Examiners' with the application.

**A.**  
Full Name: \_\_\_\_\_ License/Registration NO.: \_\_\_\_\_  
Address (include apt#, suite #'s): \_\_\_\_\_  
Street
Apt/Suite  
 \_\_\_\_\_  
City
State
Zip  
 Home Phone: \_\_\_\_\_ Cell No.: \_\_\_\_\_ Work No.: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- MY NAME HAS LEGALLY CHANGED       MY ADDRESS HAS CHANGED

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

Since the expiration of your license/registration, have you practiced massage therapy in any other state?

Yes \_\_\_\_ No \_\_\_\_ . If yes, please complete the information below:

State	License/Registration Number	Issue Date	Current Status	Expire Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**B. CONTINUING EDUCATION: 24 CEU Hours & CPR certifications completed between November 1<sup>st</sup> and October 31<sup>st</sup> 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.

- Professional Ethics or Jurisprudence       Communicable Disease including AIDS/HIV  
 Diversity & Cultural Competency       CPR Certification       17 Massage Related (techniques) courses  
 Copies of all CEU certificates and unexpired CPR certificate are attached to the application. \_\_\_\_\_ Applicant's Initials

**BOARD USE ONLY**  
CHRC UNIT

MD Judiciary Case Search Clear \_\_\_\_ Yes \_\_\_\_ No  
Date Fwd. to: Licensing Committee: \_\_\_\_\_  
Discipline Committee \_\_\_\_\_  
Date & Initials: \_\_\_\_\_

**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 #: \_\_\_\_\_





## REINSTATEMENT APPLICATION

Applicant: \_\_\_\_\_ License/Registration Number: \_\_\_\_\_

### **Professional Competency & Character and Fitness Questions Explanation** *(For yes answers to Questions 1-7 of Section C)*

**Note: If not applicable; disregard this page. If you answered yes to any questions in Section C on page 2, provide complete information and indicate the specific documents, you attached.**