



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

VERIFICATION OF LICENSE / REGISTRATION STATUS REQUEST

PLEASE TYPE OR PRINT ALL INFORMATION LEGIBLY.

This forms is to be used by Licensees, Registrants, or Agencies who wish to have an '**Official Verification of Licensure / Registration**' sent directly to a regulatory entity, employer, or agency.

Fee \$35 per verification

MAKE CHECK PAYABLE & MAIL TO: MD State Board of Massage Therapy Examiners

4201 Patterson Avenue, Suite 301, Baltimore, MD 21215

LICENSEE / REGISTRANT OR REQUESTER	REQUESTER 'S FULL NAME	CONTACT PHONE NO.
	STREET ADDRESS <i>(If applicable, include Unit #, Apt.#, or Floor)</i>	HAS YOUR NAME CHANGED FROM WHAT IS LISTED ON YOUR LICENSE / REGISTRATION? <input type="checkbox"/>
	CITY STATE ZIP	IF YES, ATTACH A COMPLETED NAME CHANGE FORM. <input type="checkbox"/>
	E-MAIL ADDRESS	HAS YOUR ADDRESS CHANGED FROM WHAT IS LISTED ON YOUR LAST LICENSE/REGISTRATION? <input type="checkbox"/>
	LICENSE/REGISTRATION NUMBER DOB LAST 4 OF S.S. #	IF YES: ATTACH A COMPLETED ADDR. CHANGE FORM. DID YOU NEED TO ATTACH A CHANGE FORM? <input type="checkbox"/>
	LIST ENCLOSED CHECK NUMBER:	LIST CHECK DATE:

NOTE: INSUFFICIENT FUNDS / RETURNED CHECK WILL INCUR A PENALTY FEE OF \$50. REMITTANCE FOR 2ND REQUEST AND SUBSEQUENT REQUESTS ARE PAYABLE BY OFFICIAL MONEY ORDER OR CERTIFIED BANK ISSUED CASHIER'S CHECK ONLY.

THE RECEIVING STATE OR AGENCY INFORMATION	LIST THE STATE/JURISDICTION TO WHICH A VERIFICATION SHOULD BE SENT. IF THAT STATE HAS ITS OWN FORM, ATTACH IT TO THIS REQUEST	
	1. <input type="text"/>	2. <input type="text"/>
	[1] AGENCY/NAME:	ATTN:
	ADDRESS:	CITY: STATE
	POSTAL ZIP CODE:	
	[2] AGENCY/NAME:	ATTN:
ADDRESS:	CITY: STATE	
POSTAL ZIP CODE:		

Note: Verifications fees are non-refundable. Please allow 48 -72 hours for processing after this Board's receipt of your request.

BELOW THIS LINE IS FOR BOARD USE ONLY

CHECK/M.O. NUMBER: _____ CHECK/M.O. DATE: _____ CHECK/M.O. AMOUNT: _____ STAFF INT: _____