



Maryland State Board of Massage Therapy Examiners
 4201 Patterson Avenue, Suite 301, Baltimore, Maryland 21215
 Office Main Telephone: 410-764-4738 • Email: mdh.bcmte@maryland.gov

REQUEST FOR APPROVAL FOR VISITING MASSAGE THERAPIST/REGISTRANT

The individual must complete this form and submit the following to the Board:

- Copy of current, active state massage license and a valid Government-issued id with picture (ex: Driver's License or Passport)
- Submit a copy of current provider-level CPR certification
- Attestation there are no complaints under investigation by current state Board
- Have the current state Board submit a certificate of good standing

Name: _____

Address: _____

Cell Phone(s): _____ Email: _____
 (required)

List all State(s) in which currently licensed and License No(s). :

Visiting Organization Name: _____

Visiting Organization Address: _____

Organization's Contact Person and Phone No.: _____

Applicant's affiliation with Organization: _____

Date(s) of event: _____

Location of event: _____

Are there current and/or outstanding complaints, investigations, charges or allegations pending against your license, certifications or registrations in any state? _____ Yes _____ No

I attest the information provided above is truthful and correct to the best of my knowledge and belief. I understand that providing false information of any kind or omitting information known to me may result in the denial of this request. I agree that all documents and fees submitted with this request are the property of the Board and are non-refundable. _____ **Initials**

 Signature

 Date

FOR BOARD USE ONLY

Initial all applicable items

DATE REC'D: ____ / ____ / ____

CPR Cert.: _____

Current License(s) Copy: _____

Valid Gov. Issued ID: _____

Cert. Of Good Standing(s): _____

Administrative Approval: _____

Date: ____ / ____ / ____

Date Approval Letter Sent: ____ / ____ / ____

Initial: _____