Maryland
DEPARTMENT OF HEALTH

MARYLAND STATE BOARD OF MASSAGE THERAPY EXAMINERS

4201 Patterson Avenue, Suite 301, Baltimore, Maryland 21215
Office Main Telephone: 410 764-4738
Email Address: mdh.bcmte@maryland.gov

APPLICATION FOR LICENSE OR REGISTRATION IN MASSAGE THERAPY

Please print or type all information.

Name: _____
(Last) *(First)* *(Middle)*

Maiden Name/Transcript Name/Other Name if different from above (if applicable, provide supporting documents: court order, marriage certificate, etc.)_____

SSN: _____ Date of Birth: _____ Email *(Required)* _____

Address: _____
(Street) *(City)* *(State)* *(Zip)*

Home Phone: _____ Cell: _____ Work: _____

Gender: ☐Male ☐Female ☐Other (please state) _____._____ Pronoun

EDUCATION/PROFESSIONAL TRAINING (Minimum of 600 Hours in massage education at a Maryland massage school or program approved by the Board and MHEC. **Out-of-state applicants approved on a case-by-case basis.**)

1. Massage School:_____State:_____
   Completion Date: _____ Credit Hours/Contact Hours: _____ Clinical Hours completed: _____
   State & Location in which you completed your Hands-on Clinical Training **(do not leave this section blank)**:
   State: _____ Physical Location: _____
2. Undergraduate School: _____ Dates Attended:_____ to _____
   Credit Hours Completed: _____ List Degree(s) if any: _____
3. Graduate/Other School: _____ Dates Attended:_____ to _____
   Credit Hours Completed: _____ List Degree(s) if any: _____

Request all official transcripts to be sent directly to the MD Board from the school/university/college.

LICENSURE HISTORY: Have you previously, or do you currently hold **any** professional license (including massage), registration or certificate in this or any other state? Yes_____ No_____. If yes, please list the state(s)

1. State:_____ Issuing Agency_____
   License # _____ Date Issued_____ Expiration Date_____
2. State:_____ Issuing Agency_____
   License # _____Date Issued_____ Expiration Date_____

Request all official verification(s) of "Good Standing" to be sent directly to the MD Board.

BOARD USE ONLY

Check Date: _____ **Check #:**_____**Check Amount:** _____ **Initials:**_____

CRIMINAL HISTORY RECORDS CHECK
BACKGROUND, CHARACTER & FITNESS QUESTIONS

Please answer Yes or No to each question. **If you answer Yes to any question, attach a separate page with a complete explanation of each occurrence** include date, time, location, disposition, etc., and a copy of the disciplinary/court document (arrest, conviction, probation, rehabilitative programs, etc.) from the issuing agency.

	YES	NO	
1.	☐	☐	Have you **ever** been denied a license, certificate or registration in this or any state?
2.	☐	☐	Have you **ever** applied for and been denied a license, certificate, or diploma by a Professional, Government Agency or Licensing Board in **any** state or jurisdiction?
3.	☐	☐	Have you **ever** had a license, registration or certificate suspended, revoked, withdrawn, or terminated or investigated for any reason in **any** state or jurisdiction?
4.	☐	☐	Have you **ever** pled guilty, nolo contendre, no contest, or been convicted or received probation before judgment for **any** criminal act (felony or misdemeanor), including DWI or DUI, in **any** state of jurisdiction?
5.	☐	☐	Have you **ever** had **any** disciplinary action taken against you by **any** agency for **any** reason(s) related to treating the healthcare public or related to the practice of healthcare services in any state or jurisdiction?
6.	☐	☐	Are you now or have you **ever** been reliant on **any** drug, alcohol, prescription substance or controlled substance or medication?
7.	☐	☐	Do you have a physical or mental illness or disability that impairs your ability to practice?
8.	☐	☐	Have you **ever** been denied employment due to incompetence, unprofessional conduct, impairment, drug or alcohol abuse or addiction in **any** state or jurisdiction?
9.	☐	☐	Are there outstanding complaints, investigations, charges, or allegations pending against **any** of your licenses, certifications, or registrations in this state or **any** state?

I affirm the answers provided above are true and accurate._____ Initials

All applicants must complete a criminal history records check (CHRC) as part of the application process. The guidelines/form for CHRC is attached to the application packet. **Out of State applicants** must **contact the MDBoard at 410-764-4738 to request the fingerprint card**. The fingerprint receipt must be included with the application submitted to the Board by the application deadline.

CHRC RESULTS MUST BE RECEIVED BY THE BOARD BEFORE APPLICANTS MAY BE SCHEDULED FOR THE MDJURISPRUDENCE EXAMINATION.

To further its commitment to equal opportunity, the Board of Massage Therapy Examiners requests applicants **voluntarily** provide the following information.

Race/Ethnic identification (please check all that apply):

_____Hispanic/Latino _____ Asian _____ White _____Black/African American

_____Native Hawaiian/Pacific Islander _____American Indian/Alaska Native _____Other _____

(Please specify)

Maryland
DEPARTMENT OF HEALTH

PROFESSIONAL REFERENCES

Provide the names and contact information of three (3) Professional References that can attest to your massage therapy skills and moral character. These persons should work in the massage therapy field such as instructors, professors, independent practitioners or individuals in related professions such as chiropractic, physical therapy, or medicine. These individuals shall each complete a Certificate of Moral Character and send it directly to the Board.

1. Name: _____ Occupations: _____
   Address: _____ License #: _____
   _____ Phone #: _____
   Email: _____

2. Name: _____ Occupations: _____
   Address: _____ License #: _____
   _____ Phone #: _____
   Email: _____

3. Name: _____ Occupations: _____
   Address: _____ License #: _____
   _____ Phone #: _____
   Email: _____

REQUIRED DOCUMENTS I HAVE SUBMITTED WITH THIS APPLICATION

Please check all that apply:

☐ $300 Application Fee payable to MD Board of Massage Therapy Examiners
☐ Copy of valid driver's license or state issued ID
☐ Copy of Massage School Transcript
☐ Copy of National Exam Score Report (MBLEX or NCBTMB)
☐ Copy of unexpired CPR Card (Healthcare Provider Level)
☐Two (2) passport size photos
☐Copy of College Transcript
☐Copy of Fingerprint receipt

VETERAN OR SPOUSE OF VETERAN

☐ Copy of Military ID with application.
☐ Spouse of Veteran, provide Military ID of spouse and Copy of Marriage Certificate.

DOCUMENTS I HAVE REQUESTED TO BE SENT DIRECTLY TO THE MD BOARD

☐ Official Massage School Transcript
☐ Official National Board Score
☐ Three (3) Moral Character References
☐ Official College Transcript
☐ Verification of Good Standing from out of state Board(s)

OFFICIAL TRANSCRIPTS, NATIONAL BOARD SCORE AND CHRC RESULTS MUST BE RECEIVED BY THE BOARD BEFORE APPLICANTS MAY BE SCHEDULED FOR THE MD JURISPRUDENCE EXAMINATION.

Maryland
DEPARTMENT OF HEALTH

JURISPRUDENCE EXAMINATION NO-SHOW AND FAILURE POLICY

The following policy applies to applicants for massage licensure or massage registration. There are no waivers or exceptions to the following:

- All applicants shall successfully take and pass the Board's Online Jurisprudence Examination to qualify for licensure or registration.
- All applicants must take the examination within 30 days of receipt of the Board's eligibility notification. Applicants who fail to take the examination, without prior notification to and approval by the Board, must wait at least sixty (60) days from the date of eligibility notification to retest. **There are no refunds of the examination fee**.
- If an applicant passes the examination, the applicant's file will be submitted for processing.
- An applicant failing the examination the first time may retest any time within the 30-day timeframe.
- An applicant failing the examination a second time may retest again only after waiting at least sixty (60) days from the date of the second failure.
- An applicant failing the examination a third time may retest only after (1) waiting at least ninety (90) days from the date of the third failure; (2) meeting with the Board or the Board's designees at its request; (3) and the approval of the Board. Final approval regarding retesting availability will be made by the Board upon written request of the applicant.
- **An applicant's file shall be closed/terminated one (1) year from the original application date regardless of the status of the applicant in the examination process.** At such occurrence, the applicant may reapply for qualification and submit all required fees, documentation, and an application form as a new applicant. Any/all previous examination failures will be applied to the new application. For example, an applicant failing the examination three (3) times under the first application and then reapplying after a lapse of one year, will still have three (3) failures credited to the application and will require approval of the Board to retest.

Acknowledgement

I have read, understand, and consent to the provisions of the above-stated policy.

_____ _____
Signature Date

ATTESTATION

I agree to abide by the laws and regulations governing the practice of massage therapy found in Maryland Code Annotated, Health Occupations Article §§6-101 *et seq*. and in the **Code of Maryland Regulations 10.65.01 et seq.** and to take all examinations necessary for the processing of my application. Upon issuance of a license or registration, I agree to be bound by the Code of Ethics.

I have read the Massage Therapy statute and regulations. I acknowledge and agree that the burden is solely on me to produce all adequate and acceptable proof of educational, professional and character qualifications sufficient to meet the requirements for licensure or registration.

I agree to hold the Maryland State Board of Massage Therapy Examiners, its members, officers, staff, agents and examiners free from any damage or claim for damage or complaints by reason of any action they or any one of them take in connection with this application, the examination proctor, the grades, with respect to any examination, and/or failure of the Board to issue me a license or registration. I hereby grant permission to the Board to seek any and all information or references it deems fit in securing my credentials pertinent to this application. I further agree that if issued a license or registration to practice massage therapy, upon suspension, revocation, or cancellation of such license or registration; I shall return the official license or registration back to the Board.

The information provided in this application 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 voiding of this application. I agree that all documents and fees submitted with this application are the property of the Board and are non-refundable.

_____	_____	_____
Print Name	Applicant's Signature	Date

NOTARY CERTIFICATION:

State:_____ City/County:_____

The undersigned notary public attests that the above-signed individual/applicant has presented photo identification and has signed the above under oath/affirmation.

Signed and sworn before me this _____ day of_____, _____.

_____	_____
Name and signature	Date My Commission Expires

NOTARY SEAL

Please provide two (2) passport type, color, head and shoulder photos on a solid background.

Photos must be 2"x2" or 2"x3". Full body photos are not acceptable.

Affix one photo to this box and paperclip the other photo to this page.

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CERTIFICATE OF MORAL CHARACTER

(To be completed by a licensed massage therapist/practitioner in good standing or an instructor)

Name of Applicant: _____
I hereby certify that I am personally and/or professionally acquainted with the applicant and I am able to attest to his/her moral character and ability to professionally serve as a massage therapist/practitioner and protect the healthcare of the citizens of Maryland.

Please describe the manner in which you are familiar with the Applicant, including the length of time you have known him/her.

_____

_____

_____

_____

_____

Are you aware of any facts relating to misconduct, administrative, criminal, or civil action against the Applicant that may affect the Applicant's abilities as a massage professional?

No_____Yes_____**If yes, please attach a detailed explanation to this page**.

(Check One) _____Applicant is of good moral character, and I recommend him/her for licensure/registration by the Maryland State Board of Massage Therapy Examiners.

_____I **do not** recommend Applicant for licensure/registration by the Maryland StateBoard of Massage Therapy Examiners.

I attest that the information provided is true and correct to the best of my knowledge and beliefs.

_____ _____ _____
Print Name and Credentials *Signature* *Date*

_____ _____ _____ _____
License Number *Issuing State* *Issue Date* *Expiration Date*

_____ _____ _____
Street Address City *State* *Zip*

_____ _____
Contact Phone Number(s) *Email*

PLEASE RETURN THE COMPLETED FORM DIRECTLY TO THE BOARD.

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

CRIMINAL HISTORY RECORDS CHECK INSTRUCTIONS & FORM

A full Criminal History Records Check (CHRC) is a requirement for a license or registration from the Maryland State Board of Massage Therapy Examiners. This background check includes a search of both a State and FBI database. The Department of Public Safety and Correctional Services' Criminal Justice Information System (CJIS) oversees Criminal History Record Checks. Fingerprints are used to complete the Criminal History Records Check.

Information you will need to complete the fingerprint form for the background check is provided below:

- **CJIS AUTHORIZATION #: 1600004151**
- **FBI ORI #: MD 920519Z**
- REASON FINGERPRINTED: License/Registration
- TYPE OF CHECK: Governmental Licensing/Certification

The cost is $55.00 ($31.25 for background check and $23.75 for fingerprinting service). The background check fee is paid to CJIS. The fingerprinting service fee must be paid directly to the provider. The cost of fingerprinting services from private providers may vary. Check with the provider to determine what forms of payment are accepted. For additional information contact CJIS at 410-764-4501 or visit www.dpscs.maryland.gov/publicservs/fingerprint.shtml.

In order to not delay the issuance of a license or registration, applicants must adhere to the following directions:

MARYLAND RESIDENT

1. Print and fill out a copy of the attached "Livescan Pre-registration Form". Go to www.dpscs.maryland.gov/publicservs/fingerprint.shtml for a list of commercial fingerprint providers near you. Take the "Livescan Pre-registration Form" to the commercial fingerprint provider with you. **Do not sign the form until you are in the presence of the individual taking your fingerprints.**

2. When you have your fingerprints taken you will be given a receipt for payment. Include a copy of the receipt when filing your initial application.

3. Your application package is complete only after the Board receives the results of the background check. **The results can take up to four weeks after initial fingerprinting**. For additional information contact CJIS at 410 764-4501 or visit www.dpscs.maryland.gov/publicservs/fingerprint.shtml

Maryland
DEPARTMENT OF HEALTH

OUT OF STATE RESIDENT

1. Before submitting a completed application, contact the Board at 410 764-4738 to request an "Out of State Application for Criminal History Record Check" card.

   Note: If you are in, or work close to Maryland you may elect to print out and complete a copy of the attached "Livescan Pre registration Form". Go to www.dpscs.maryland.gov/publicservs/fingerprint.shtml for a list of commercial Maryland fingerprint providers near you. Take the "Livescan Pre-registration Form" to the commercial fingerprint provider with you to be fingerprinted. **Do not sign the form until you are in the presence of the individual taking your fingerprints.**

2. Have your fingerprints taken at a law enforcement agency near you.

3. Once you have your prints taken, mail the fingerprint cards to the address below with a check for $31.25 made out to the "CJIS Central Repository". **No cash or money orders.**

   Mail To:
   CJIS Central Repository
   P.O. Box 32708
   Pikesville, Maryland 21282-2708

4. Include a copy of the receipt for the fingerprinting with your application package and mail to:

   Maryland State Board of Massage Examiners
   Attention: Licensing Coordinator
   4201 Patterson Avenue, Suite 301
   Baltimore, Maryland 21215

5. Once the results of the background check are received by the Board, **which can take up to four weeks**, the application package will be complete.

FINGERPRINT CARD DIRECTIONS

The State of Maryland will not accept fingerprints done on the card from another state. The preprinted information on the card sent to you will direct CJIS were to send the results.

Do not sign the form until you are in the presence of the individual taking your fingerprints.

STATE OF MARYLAND

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION *(PLEASE TYPE OR PRINT CLEARLY)*

Name:			
Date of birth:	SSN:	Gender: ☐ Male ☐ Female *(Please check)*	
Height: ft. inches	Weight: lbs.	Eye Color:	Hair Color:
Race: ☐ Black ☐ White ☐ Asian/Pacific Islander ☐ Native American ☐ Other *(Please check)*			
Place of Birth:		Citizenship:	
Current address:			
City:		State:	ZIP Code: -
Daytime Phone:	Evening Phone:	Driver's License #:	

AGENCY INFORMATION

Agency Authorization #: 1600004151	
ORI # (if required): MD 920519Z	Reason fingerprinted? LICENSURE / REGISTRATION
Position Applied for: MDH - MD STATE BOARD OF MASSAGE THERAPY EXAMINERS	

Request Type: *(Choose one ONLY)*

- ☐ Adult Dependent Care
- ☐ Attorney/Client
- ☐ Child care
- ☐ Criminal Justice
- ☐ Gold Seal/ Adoption
- ☐ Gold Seal/Letter/VISA
- ☐ Government Employment
- ☒ Government Licensing or Certification
- ☐ Immigration/VISA
- ☐ Individual Challenge
- ☐ Individual Review
- ☐ MSP Licensing
- ☐ Private Party Petition
- ☐ Public Housing

Mail Response to:
(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: _____

Address: _____

City, State, Zip code: _____

Maryland
DEPARTMENT OF HEALTH

Applicant's Name _____

EXPLANATION
CRIMINAL HISTORY RECORDS CHECK BACKGROUND QUESTIONS