



# MARYLAND STATE BOARD OF MASSAGE THERAPY EXAMINERS

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Office Main Telephone: 410-764-4738

Email: [mdh.bcmte@maryland.gov](mailto:mdh.bcmte@maryland.gov); Website: <https://health.maryland.gov/massage>

## OFFICIAL NOTIFICATION OF CHANGE OF ADDRESS

**Complete all information.** Pursuant to Maryland law § 6-305(d), written notification of name and/or address changes must be made to the Board within **60 days** of the applicable change. A **\$100.00 penalty** is assessed for failure to comply. **Pay the penalty online at: [Massage Therapy Portal](#). After making payment, reply to the receipt email and attach this completed form.**

CURRENT INFORMATION ON FILE WITH BOARD	NAME (FIRST, MIDDLE, LAST)	CELL & HOME PHONE:
	NON-PUBLIC (Home) ADDRESS	PERSONAL EMAIL ADDRESS:
	PUBLIC (Business) ADDRESS	BUSINESS PHONE:
		BUSINESS EMAIL ADDRESS:
	WHAT IS YOUR STATUS WITH THIS BOARD? (Check One) <input type="checkbox"/> LMT <input type="checkbox"/> RMP <input type="checkbox"/> Applicant	
	LICENSE/REGISTRATION NUMBER: _____	
WHAT DATE DID YOUR ADDRESS CHANGE? (Must complete. Proof required) ____ / ____ / ____		
<b>IF LONGER THAN 60 DAYS, PAY THE \$100.00 PENALTY</b> ONLINE AT: <a href="#">MASSAGE THERAPY PORTAL</a> . AFTER MAKING PAYMENT, REPLY TO THE RECEIPT EMAIL AND ATTACH THIS COMPLETED FORM.		
FOR WHICH SPECIFIC ADDRESS ARE YOU REPORTING A CHANGE? <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> BOTH		

NEW ADDRESS FOR RESIDENCE OR BUSINESS	NEW NON-PUBLIC (Home) ADDRESS (include Apt #)	CELL & HOME PHONE:
		PERSONAL EMAIL ADDRESS:
	BUSINESS NAME	BUSINESS PHONE:
	NEW PUBLIC (Business) ADDRESS (include Suite #)	BUSINESS EMAIL:
		OWNER OF BUSINESS:

**ATTESTATION**  
*I attest that the above statements are true to the best of my knowledge. I understand that any false or misleading information in this notification may be cause for denial or loss of licensure/registration.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROVIDE A COPY OF ONE OF THE FOLLOWING DOCUMENTS WITH THIS FORM WHICH REFLECTS THE NEW ADDRESS. CHECK WHICH DOCUMENT YOU ARE SUBMITTING.**

☐ MARYLAND or OUT-OF-STATE DRIVER'S LICENSE/IDENTIFICATION ☐ MAIL REFLECTING NEW BUSINESS ADDRESS  
☐ LEASE AGREEMENT or MILITARY TRANSFER ORDER ☐ SETTLEMENT STATEMENT FROM PURCHASE OF HOME/BUSINESS

BOARD USE ONLY			
Fee Payment Date: _____	Advice #: _____	Amount: _____	Initials: _____