



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; 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. <i>Proof required</i>) _____ / _____ / _____		
IF LONGER THAN 60 DAYS, PAY THE \$100.00 PENALTY ONLINE AT: MASSAGE THERAPY PORTAL. 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: _____