



MARYLAND STATE BOARD OF MASSAGE THERAPY EXAMINERS
JURISPRUDENCE EXAMINATION **RETAKE** APPLICATION FORM

Retake Jurisprudence Examination Fee-\$250.00

Pay online at: [Massage Therapy Portal](#). After making payment, reply to the receipt email and attach this completed form.

Name: _____

SSN or ITIN: _____ Date of Birth: _____

Personal Email: _____ Business Email: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Non-Public (Home) Mailing Address: _____

City: _____ State: _____ Zip: _____

Public (Business) Mailing Address: _____

City: _____ State: _____ Zip: _____

Check One: This is my: ☐3rd ☐4th ☐Other _____ Jurisprudence Examination attempt.

Date(s) of Previous Examination(s): _____

An applicant failing the examination a third time may retest only after waiting at least thirty (30) days from the date of the third failure, meeting with the Board at its request, and recommended 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 an occurrence, the applicant may reapply for qualification and submit all required fees, documentation, and an application form as a new applicant. Any/all previous failures will be applied to the new application. For example, an applicant failing the exam 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.

Retake examination fees are non-refundable. _____ Initials

Acknowledgement

I, _____, have read and fully understand the provisions of the foregoing policy. I swear and affirm that all information previously provided to the Board of Massage Therapy Examiners on my application has not changed and is true and correct to the best of my knowledge. I have been advised and fully understand that I may not practice massage for compensation in Maryland until licensed by the Board.

Signature

Date

BOARD USE ONLY

Fee Payment Date: _____ Advice #: _____ Amount: _____ Initials: _____