



MARYLAND STATE BOARD OF MASSAGE THERAPY EXAMINERS

4201 Patterson Avenue, Suite 301, Baltimore, Maryland 21215

Office Main Telephone: 410-764-4738

Website: <https://health.maryland.gov/massage> • Email: mdh.bcmte@maryland.gov

APPLICATION FOR INACTIVE LICENSURE/REGISTRATION STATUS

Current License/Registration must be “Active” at initial application.

☐ **NEW APPLICATION** ☐ **CONTINUED INACTIVE STATUS**

• **BIENNIAL FEES: \$50.00**

PAY ONLINE AT: [MESSAGE THERAPY PORTAL](#). AFTER MAKING PAYMENT, REPLY TO THE RECEIPT EMAIL AND ATTACH THIS COMPLETED FORM.

CHECK ONE: ☐ **LMT** ☐ **RMP**

LICENSE/REGISTRATION NUMBER: _____ **EXPIRATION DATE:** _____

PERSONAL INFORMATION:

NAME (FIRST, MIDDLE, LAST)	HOME PHONE:
NON-PUBLIC (Home) MAILING ADDRESS <i>(If applicable, include Unit #, Apt.#, or Floor)</i>	CELL PHONE:
PUBLIC (Business) MAILING ADDRESS	WORK PHONE:
PRIVATE (Personal) EMAIL ADDRESS <i>(Please update)</i>	DATE OF BIRTH:
PUBLIC (Business) EMAIL ADDRESS	SSN or ITIN#:

PLEASE SUBMIT THE FOLLOWING:

- 1) The application form for inactive status
- 2) Online payment at [MESSAGE THERAPY PORTAL](#). After making payment, reply to the receipt email and attach this completed form.

Applicant's Signature: _____ **Date:** _____

A license or registration may be reactivated within 5 calendar years after initially being placed on inactive status. In order to reactivate a license or registration, the applicant must submit:

- 1) The Reactivation Application Form;
- 2) The appropriate fees;
- 3) A copy of the required documentation of 24 continuing education credit hours as stipulated in COMAR 10.65.05.01 Continuing Education Requirements, and a valid CPR certification. The continuing education credit hours must be earned in the 2 years immediately preceding the submission of the Reactivation Application. _____ Initials

BOARD USE ONLY

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