



## MARYLAND STATE BOARD OF MASSAGE THERAPY EXAMINERS

4201 PATTERSON AVENUE, SUITE 301, BALTIMORE, MARYLAND 21215

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EMAIL: [MDH.BCMTE@MARYLAND.GOV](mailto:MDH.BCMTE@MARYLAND.GOV); WEBSITE: [HTTPS://HEALTH.MARYLAND.GOV/MASSAGE](https://health.maryland.gov/massage)

### APPLICATION FOR RECOGNITION OF OUT-OF-STATE MASSAGE LICENSURE PURSUANT TO THE VETERANS AUTO AND EDUCATION IMPROVEMENT ACT OF 2022 (PL 117-333)

**THERE IS NO FEE ASSOCIATED WITH THIS APPLICATION.**

#### COMPLETE THIS APPLICATION ONLY IF:

1. You are a Massage professional who is presently a Servicemember or the spouse of an active Servicemember;
2. You have a massage license/registration/certificate, in good standing, in one or more states other than Maryland, and you have actively used the license(s) during the two (2) years immediately preceding residency in the State of Maryland;
3. You or your spouse are under orders to provide military service outside of the state or states in which you hold a massage license/registration/certificate; and
4. You reside in Maryland; and
5. You (the applicant) seek recognition to practice massage therapy that is effective only during (a) the pendency of your or your spouse's military service outside of the state or states in which you hold a massage license/registration/certificate; and (b) during the period in which you reside in Maryland.

**IF YOU SEEK A MARYLAND MASSAGE LICENSE THAT DOES NOT EXPIRE WHEN YOU OR YOUR SPOUSE'S MARYLAND MILITARY ORDERS EXPIRE, COMPLETE THE APPLICATION FOR INITIAL MASSAGE LICENSURE which is available on the Board's website at**

**<https://health.maryland.gov/massage/Pages/forms.aspx>.**

#### Please note the following:

**"Servicemember"** is defined as a member of the "uniformed services." "Uniformed services" means

- a) the armed forces;
- b) the commissioned corps of the National Oceanic and Atmospheric Administration; and
- c) the commissioned corps of the Public Health Service. "Armed forces" is defined as " Army, Navy, Air Force, Marine Corps, Space Force, and Coast Guard."

**"Spouse"** is defined as "husband or wife, as the case may be."

**"Reside in the State of Maryland"** is defined as Maryland being the site of your residency as a result of military orders.

#### APPLICATION PROCESSING TIMEFRAME

Allow up to 10 business days for approval and issuance of recognition letter by the Board once all criteria are met.



## MARYLAND STATE BOARD OF MASSAGE THERAPY EXAMINERS

### APPLICATION FOR RECOGNITION AS A MASSAGE THERAPIST Pursuant to the Veterans Auto and Education Improvement Act of 2022 (PL 117-333)

#### IMPORTANT

Are you an Servicemember of the U.S. military? Yes \_\_\_\_ No \_\_\_\_  
Are you the spouse of an active Servicemember of the U.S. military? Yes \_\_\_\_ No \_\_\_\_

#### GENERAL INFORMATION *(Please print or type all information)*

Name: \_\_\_\_\_  
(Last) (First) (Middle)

SSN/ITIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Maryland Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Business/Employer Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Personal Email: *(Required)*: \_\_\_\_\_ Business Email: *(Required)*: \_\_\_\_\_

The Board of Massage Therapy Examiners requests applicants to **voluntarily** provide the following information.

**Ethnicity:** ☐ Hispanic/Latino ☐ Not Hispanic or Latino

**Race** *(please check all that apply):*

☐ Asian ☐ White ☐ Black/African American ☐ Native Hawaiian/Pacific Islander  
☐ American Indian/Alaska Native ☐ Other \_\_\_\_\_ (please state)

**Gender:** ☐ Male ☐ Female ☐ Other (please state) \_\_\_\_\_ Preferred Pronoun \_\_\_\_\_

#### LICENSURE IN OTHER STATES

**List all states in which you currently hold an active massage license/registration/certificate in the last two years.** Request a verification of "Good Standing" to be sent directly to the MD Board at [mdh.bcmt@maryland.gov](mailto:mdh.bcmt@maryland.gov).

State \_\_\_\_\_ License # \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ License # \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

*(List additional states on a separate sheet and attach to the application)*

#### BOARD USE ONLY

Date Application Received \_\_\_\_\_ Initials \_\_\_\_\_ Date Application Approved \_\_\_\_\_ Initials \_\_\_\_\_

*Please check all documents included with this application:*

- |   |  |
|---|--|
| <input type="checkbox"/> Notarized Application                                  | <input type="checkbox"/> Copy of military order of Servicemember |
| <input type="checkbox"/> One recent color passport size photograph              | <input type="checkbox"/> Copy of Military ID with application.   |
| <input type="checkbox"/> Copy of unexpired CPR Card (Healthcare Provider Level) |  |
| <input type="checkbox"/> Spouse of Servicemember-Copy of Marriage Certificate.  |  |

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

- ☐ Verification of Good Standing from out of state Board(s).

**MAIL APPLICATION AND SUPPORTING DOCUMENTS TO:**

Maryland State Board of Massage Therapy Examiners  
4201 Patterson Avenue, Suite 301  
Baltimore, MD 21215

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## RELEASE, CERTIFICATION AND ATTESTATION

The practice of massage therapy without a current recognition of out-of-state massage licensure or registration issued by the Maryland State Board of Massage Therapy Examiners is a violation of the Maryland Massage Therapy Act. 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.**

I agree to hold the Maryland State Board of Massage Therapy Examiners, its members, officers, staff, and agents 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, and/or failure of the Board to issue me a Recognition of Out-of-State Massage 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, from any person or agency, including but not limited to massage therapy education program directors, individual massage professionals, government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by 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 submitted with this application are the property of the Board and are not returnable.**

\_\_\_\_\_  
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 one (1) passport type, color, head and shoulder photos on a solid background.

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

Affix the photo to this box.