



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

OFFICIAL NOTIFICATION OF NAME CHANGE

Complete all information. Pay the \$40 fee online at: [Massage Therapy Portal](#). After making payment, reply to the receipt email and attach this completed form. 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 and must be paid at the same time as the \$40 fee to reissue a license/registration.**

CURRENT INFORMATION ON FILE WITH BOARD	NAME (FIRST, MIDDLE, LAST)	CELL/HOME PHONE:
	BUSINESS NAME (IF APPLICABLE):	WORK PHONE:
	NON-PUBLIC (Home) ADDRESS	PERSONAL EMAIL:
	PUBLIC (Business) ADDRESS	WORK EMAIL:
	WHAT IS YOUR STATUS WITH THIS BOARD? (Check One) <input type="checkbox"/> LMT <input type="checkbox"/> RMP or <input type="checkbox"/> Applicant	
	LICENSE/REGISTRATION NUMBER: _____	
	WHAT DATE DID YOUR NAME LEGALLY CHANGE? (Board Requires Official Documentation) ____ / ____ / ____ If more than 60 days, pay \$140 online at Massage Therapy Portal	
NAME CHANGED DUE TO (Check appropriate box): <input type="checkbox"/> MARRIAGE <input type="checkbox"/> DIVORCE <input type="checkbox"/> LEGAL <input type="checkbox"/> OTHER		
NEW LEGAL NAME	NEW NAME YOU ARE REPORTING: _____ PRONOUN _____	HAS YOUR ADDRESS CHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO
	GO TO www.health.maryland.gov/massage to access Board Forms IF YOUR ADDRESS HAS CHANGED IN ADDITION TO YOUR NAME. ATTACH THE COMPLETED CHANGE OF ADDRESS FORM.	DID YOU COMPLETE THE CHANGE OF ADDRESS FORM? <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO
	FAILURE TO SUBMIT ALL REQUIRED DOCUMENTS AND THE CORRECT FEES AT ONE TIME WILL RESULT IN A DELAY IN OBTAINING YOUR NEW LICENSE OR REGISTRATION.	
	I attest that the above statements are true to the best of my knowledge. Signature: _____ Date: _____	

PLEASE UPLOAD TWO (2) THE FOLLOWING REFLECTING/AUTHORIZING NAME CHANGE WITH THIS FORM:

- * Copy of the new driver's license or state issued identification card
- * Copy of Certificate of Citizenship/Naturalization/Passport
- * Court order/legal document authorizing name change
- * Copy of the new social security card
- * Copy of a valid U.S. Military Photo ID
- * Copy of the marriage certificate

Within 10 days of the receipt of your updated license/registration, you are to mail back your current license/registration to the Board.

BOARD USE ONLY

Fee Payment Date: _____ Advice #: _____ Amount: _____ Initials: _____
Lic./Reg No.: _____ Control No: _____ Date Issued: _____ LC/LUM Init: _____
Control Log-Payment Recon LC/LUM/Designee: _____
Reviewer: _____ (ED/LUM/Designee) Date: _____