



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>

REINSTATEMENT APPLICATION INSTRUCTIONS AND IMPORTANT INFORMATION

1. **Name:** If the name on the reinstatement application form differs from the name on any of your supporting documentation, you must submit a copy of a marriage license, divorce decree, or a court order explaining the change of name. The Board must be notified of any change in your name within 60 days or be subject to penalties. *See* COMAR 10.65.01.08.B; COMAR 10.65.01.14.
2. **Social Security Number/Individual Taxpayer Identification Number (ITIN):** Maryland law requires the Board to collect either a Social Security Number or an ITIN from all individuals applying for any professional license. The Board is permitted by State or Federal law to use these numbers for the following purposes:
 - a. Administration of the Child Support Enforcement Program. *See* Md Code Ann., Family Law § 10-119.3
 - b. Identification by the State Department of Assessments and Taxation of new businesses in Maryland. *See* Md. Code Ann., Health Occ. § 1-210.
 - c. Verification of identity with respect to final adverse actions related to your license. *See* 42 U.S.C. § 1320a-7e.
3. **Date of Birth:** Maryland law requires applicants for a license to practice massage therapy to be at least 18 years old. *See* Md. Code Ann., Health Occ. § 6-302(b)(2).
4. **Personal Email/Work Email:** Under the Maryland Public Information Act, those addresses identified by the applicant as a business email address are PUBLIC and publicly disclosable on demand. *See* Md. Code Ann., General Provisions § 4-333(b)(4). Please do not provide a private, personal email as your “Work Email.”
5. **Non-Public Address:** The non-public (home) address is the location to which the Board will direct all official correspondence. This address is confidential. Do not use your practice/business address. If you change your address prior to being licensed or registered, immediately notify the Board.
6. **Public Address:** The public (practice/business) address is your public address of record and is available to the public on demand. *See* Md. Code Ann., General Provisions § 4-333(b)(2). Do not provide the Board with an address that you wish to remain confidential as your public address.
7. **Home/Work Phone:** These are the phone numbers at which the Board will attempt to reach you. Your home phone number is held confidential.
8. **Licensure History:** If you have ever held a license, certificate, or registration to practice massage therapy in any state or jurisdiction or in ANY other health care profession in any other state or jurisdiction, including Maryland, provide the requested information in the space provided.



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9. **Character and Fitness Questions:** Answer the Character and Fitness Questions “YES” or “NO.” If you answer “YES” to any item, please provide a detailed explanation on the last page of the application. If necessary, you may attach any supporting documentation that you would like the Board to consider. Failure to provide a detailed explanation of a “YES” response or failure to provide any documentation on request by the Board will result in a delay in the processing of the application.
10. **Fees:** All fees submitted with an application are non-refundable.
Pay fees online at: [Massage Therapy Portal](#).
11. **Required documents to be submitted with this reinstatement application.**
- Completed, and signed reinstatement application form.
 - A non-refundable Reinstatement Application Fee **\$501-LMT; \$475-RMP**.
 - Copy of valid driver’s license or state issued ID.
 - Copy of Fingerprint receipt.
 - Copy of unexpired CPR Card (Healthcare Provider Level).
 - Signed Privacy Act Statement.
 - Signed Noncriminal Justice Applicant’s Privacy Rights.
 - Copies of Continuing Education Certificate reflecting **24 hours** completed in the past two years.
12. **Document to be sent directly to the MD Massage Therapy Board from primary source.**
- Verification of Good Standing from out of state Board(s)



MARYLAND STATE BOARD OF MASSAGE THERAPY EXAMINERS

4201 Patterson Avenue, Suite 301, Baltimore, Maryland 21215

Main Telephone Number: 410-764-4738

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

REINSTATEMENT APPLICATION

(Only For Licenses / Registrations Expired 5 Years or Less)

Fees: Licensed Massage Therapists (LMTs) - \$501

Registered Massage Practitioners (RMPs) - \$475

Duplicate License or Registration - \$40

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

A. IDENTIFYING INFORMATION

Full Name: _____ License/Registration No.: _____

Non-Public (Home) Mailing Address (include apt #, suite #): _____

City

State

Zip

Public (Business) Address (include suite #): _____

City

State

Zip

Social Security Number/ITIN: _____ Date of Birth: _____

Home Phone: _____ Cell No.: _____ Work No.: _____

Personal E-mail: _____ Work Email: _____

Has your name changed from the name on file with the Board?

Yes ☐ No ☐

If yes, attach completed Official Notification of Name Change form.

Is your address different from the "address of record" on file with the Board?

Yes ☐ No ☐

If yes, attach completed Official Notification of Address Change form.

Since the expiration of your license/registration, have you practiced massage therapy in any other state?

Yes ☐ No ☐ If yes, please complete the information below and request verification of good standing be sent directly to the Board. Use a separate sheet if needed.

State

License/Registration No.

Issue Date

Current Status

Expire Date

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: _____

WORKERS' COMPENSATION INSURANCE INFORMATION *(Required per Health Occupations Art. §1-202). Please direct inquiries to 410-864-5100 or visit the WCC website at <http://www.wcc.state.md.us> for more information.*

I HEREBY CERTIFY THAT (Check One) ☐ I do not practice in Maryland. ☐ I practice in Maryland and am **NOT** an employer. ☐ I practice in Maryland and employ one or more persons (must provide insurance information below).

Insurance Co.: _____ Policy No.: _____ Exp. Date: _____

B. CONTINUING EDUCATION: 24 CEU Hours & CPR certifications completed between November 1st and October 31st of the last two years. Requirements are: 2 hours in Diversity, Cultural Competency or Implicit Bias; 3 hours in Professional Ethics or Jurisprudence; 3 hours in Communicable Diseases including AIDS/HIV; & 16 Massage Related (techniques) courses.

- ☐ Professional Ethics or Jurisprudence ☐ Communicable Disease including AIDS/HIV
☐ Diversity & Cultural Competency ☐ CPR Certification ☐ 16 Massage Related (techniques) courses
☐ Copies of all CEU certificates and unexpired CPR certificate are attached to the application. _____
Applicant's Initials

C. PROFESSIONAL COMPETENCY & CHARACTER AND FITNESS QUESTIONS

Please write "**YES**" or "**NO**" to each question below. All "yes" answers **must be explained** in your own words on a separate sheet. Include all details, dates, resolutions and submit court/legal documents related to the matter.

- _____ 1. Has a state licensing or disciplinary board (including Maryland) a comparable body in the armed services or the Veterans Administration denied your application for licensure, registration, certification, reinstatement, reactivation or renewal?
- _____ 2. Has a state licensing or disciplinary Board (including Maryland) or comparable body in the armed services or the Veterans Administration, taken action against your license, registration or certificate? Such actions include but are not limited to, limitations of practice, required education, admonishment or reprimand, suspension, probation or revocation.
- _____ 3. Has any licensing or disciplinary board in any jurisdiction (including Maryland), a comparable body in the armed services or the Veterans Administration, filed any complaints or charges against you or investigated you for any reason?
- _____ 4. Have you **ever** pled guilty, nolo contendere, no contest, or been convicted or received probation before judgment for **any** criminal act (felony or misdemeanor), including DWI or DUI, in **any** state of jurisdiction?
- _____ 5. Have you surrendered your license, registration or certificate or allowed it to lapse while you were under investigation by any licensing or disciplinary board of any jurisdiction, or any entity of the armed services or the Veterans Administration?
- _____ 6. Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a physical, mental, emotional, or nervous disorder/condition) that in any way affects your ability to practice massage therapy in a safe, competent, ethical, and professional manner?

- _____ 7. Have any malpractice claims or other claims for money damage been filed against you? Include past and pending claims, dismissed or settled claims, or claims which resulted in a damages award against you.

Attestation:

I affirm and attest the answers provided in Section C are true and accurate.

Applicant's Signature

Date

D. REINSTATEMENT FEES:

LMT Fee: \$501.00 (Includes Health Care Commission Fee of \$26.00) \$ _____

RMP Fee: \$475.00 \$ _____

Duplicate Fee: \$40.00 (\$20.00 during Biennial Renewal Period, August – November 30th even yr.) \$ _____

TOTAL FEES \$ _____

E. ATTESTATION

I affirm and attest that the information provided on this application is true and correct to the best of my knowledge and beliefs.

APPLICANT'S NAME (PRINT)

APPLICANT'S SIGNATURE

DATE

INTENTIONALLY LEFT BLANK

PROFESSIONAL COMPETENCY & CHARACTER AND FITNESS QUESTIONS EXPLANATION
(For “Yes” answers to Questions 1-7 of Section C)

Note: If not applicable; disregard this page. If you answered yes to any questions in Section C on pages 2 and 3, provide detailed information and indicate the specific court documents you have attached.

**ATTACH FINGERPRINT
RECEIPT TO THIS PAGE**



MARYLAND STATE BOARD OF MASSAGE THERAPY EXAMINERS

4201 Patterson Avenue, Suite 301, Baltimore, MD 21215

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www.health.maryland.gov/massage

CRIMINAL HISTORY RECORDS CHECK INSTRUCTIONS & FORM

A full Criminal History Records Check (CHRC) is a requirement for a license from the Maryland State Board of Massage Therapy Examiners. This background check includes a search of both a State and FBI database. The Department of Public Safety and Correctional Services' Criminal Justice Information System (CJIS) oversees Criminal History Record Checks. Fingerprints are used to complete the Criminal History Records Check.

Information you will need to complete the fingerprint form for the background check is provided below:

- **CJIS AUTHORIZATION #: 1600004151**
- **FBI ORI #: MD 920519Z**
- **REASON FINGERPRINTED:** License/Registration
- **TYPE OF CHECK:** Governmental Licensing/Certification

The cost is \$55.00 (\$31.25 for background check and \$23.75 for fingerprinting service). The background check fee is paid to CJIS. The fingerprinting service fee must be paid directly to the provider. The cost of fingerprinting services from private providers may vary. Check with the provider to determine what forms of payment are accepted. For additional information contact CJIS at 410-764-4501 or visit www.dpscs.maryland.gov/publicservs/fingerprint.shtml.

In order to not delay the issuance of a license, applicants must adhere to the following directions:

MARYLAND RESIDENT

1. Print and fill out a copy of the attached "Livescan Pre-registration Form". Go to www.dpscs.maryland.gov/publicservs/fingerprint.shtml for a list of commercial fingerprint providers near you. Take the "Livescan Pre-registration Form" to the commercial fingerprint provider with you. **Do not sign the form until you are in the presence of the individual taking your fingerprints.**
2. When you have your fingerprints taken you will be given a receipt for payment. Include a copy of the receipt when filing your initial application.
3. Your application package is complete only after the Board receives the results of the background check. **The results can take up to four weeks after initial fingerprinting.** For additional information contact CJIS at 410 764-4501 or visit www.dpscs.maryland.gov/publicservs/fingerprint.shtml



OUT OF STATE RESIDENT

1. Before submitting a completed application, contact the Board at 410 764-4738 to request an “Out of State Application for Criminal History Record Check” card.

Note: If you are in, or work close to Maryland you may elect to print out and complete a copy of the attached “Livescan Pre registration Form”. Go to www.dpscs.maryland.gov/publicservs/fingerprint.shtml for a list of commercial Maryland fingerprint providers near you. Take the “Livescan Pre-registration Form” to the commercial fingerprint provider with you to be fingerprinted. **Do not sign the form until you are in the presence of the individual taking your fingerprints.**

2. Have your fingerprints taken at a law enforcement agency near you.
3. Once you have your prints taken, mail the fingerprint cards to the address below with a check for \$31.25 made out to the "CJIS Central Repository". **No cash or money orders.**

Mail To:
CJIS Central Repository
P.O. Box 32708
Pikesville, Maryland 21282-2708

4. Include a copy of the receipt for the fingerprinting with your application package and mail to:

Maryland State Board of Massage Examiners
Attention: Licensing Coordinator
4201 Patterson Avenue, Suite 301
Baltimore, Maryland 21215

5. Once the results of the background check are received by the Board, **which can take up to four weeks**, the application package will be complete.

FINGERPRINT CARD DIRECTIONS

The State of Maryland will not accept fingerprints done on the card from another state. The preprinted information on the card sent to you will direct CJIS where to send the results.

Do not sign the form until you are in the presence of the individual taking your fingerprints.

Applicant: _____

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

Applicant's Signature: _____ Date: _____

See Page 2 for Spanish translation.

Declaración de la Ley de Privacidad

***Esta declaración de la ley de privacidad se encuentra al dorso del
FD-258 tarjeta de huellas digitales.***

Autoridad: La adquisición, preservación, e intercambio de huellas digitales e información relevante por el FBI es autorizada en general bajo la 28 U.S.C. 534. Dependiendo de la naturaleza de su solicitud, la autoridad incluye estatutos federales, estatutos estatales de acuerdo con la Pub. L. 92-544, Órdenes Ejecutivas Presidenciales, y reglamentos federales. El proveer sus huellas digitales e información relevante es voluntario; sin embargo, la falta de hacerlo podría afectar la terminación o aprobación de su solicitud.

Propósito Principal: Ciertas determinaciones, tal como empleo, licencias, y autorizaciones de seguridad, podrían depender de las investigaciones de antecedentes basados en huellas digitales. Se les podría proveer sus huellas digitales e información relevante/ biométrica a la agencia empleadora, investigadora, o responsable de alguna manera, y/o al FBI con el propósito de comparar sus huellas digitales con otras huellas digitales encontradas en el sistema Next Generation Identification (NGI) del FBI, o su sistema sucesor (incluyendo los depósitos de huellas digitales latentes, criminales, y civiles) u otros registros disponibles de la agencia empleadora, investigadora, o responsable de alguna manera. El FBI podría retener sus huellas digitales e información relevante/biométrica en el NGI después de terminar esta solicitud y, mientras las mantengan, sus huellas digitales podrían continuar siendo comparadas con otras huellas digitales presentadas a o mantenidas por el NGI.

Usos Rutinarios: Durante el procesamiento de esta solicitud y mientras que sus huellas digitales e información relevante/biométrica permanezcan en el NGI, se podría divulgar su información de acuerdo a su consentimiento, y se podría divulgar sin su consentimiento de acuerdo a lo permitido por la Ley de Privacidad de 1974 y todos los Usos Rutinarios aplicables según puedan ser publicados en el Registro Federal, incluyendo los Usos Rutinarios para el sistema NGI y los Usos Rutinarios Generales del FBI. Los usos rutinarios incluyen, pero no se limitan a divulgación a: agencias empleadoras gubernamentales y no gubernamentales autorizadas responsables por emplear, contratar, licenciar, autorizaciones de seguridad, y otras determinaciones de aptitud; agencias de la ley locales, estatales, tribales, o federales; agencias de justicia penal; y agencias responsables por la seguridad nacional o seguridad pública.

A partir de 30/03/2018

Firma del solicitante _____ Fecha _____

Applicant: _____

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Applicant's Signature: _____

Date: _____

Update Date 6/11/2019

DERECHOS DE PRIVACIDAD DE SOLICITANTES - JUSTICIA, NO CRIMINAL

Como solicitante sujeto a una indagación nacional de antecedentes criminales basado en huellas dactilares, para un propósito no criminal (tal como una solicitud para empleo o una licencia, un propósito de inmigración o naturalización, autorización de seguridad, o adopción), usted tiene ciertos derechos que se entablan a continuación. Toda notificación se le debe proveer por escrito.¹ Estas obligaciones son de acuerdo al Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, y Title 28 Code of Federal Regulations (CFR), 50.12, entre otras autorizaciones.

- Se le debe proveer una Declaración de la Ley de Privacidad del FBI (con fecha de 2013 o más reciente) por escrito cuando presente sus huellas digitales e información personal relacionada. La Declaración de la Ley de Privacidad debe explicar la autorización para tomar sus huellas digitales e información relacionada y si se investigarán, compartirán, o retendrán sus huellas digitales e información relacionada.²
- Se le debe notificar por escrito el proceso para obtener un cambio, corrección, o actualización de su historial criminal del FBI según delineado en el 28 CFR 16.34.
- Se le tiene que proveer una oportunidad de completar o disputar la exactitud de la información contenida en su historial criminal del FBI (si tiene dicho historial).
- Si tiene un historial criminal, se le debe dar un tiempo razonable para corregir o completar el historial (o para rechazar hacerlo) antes de que los funcionarios le nieguen el empleo, licencia, u otro beneficio basado en la información contenida en su historial criminal del FBI.
- Si lo permite la política de la agencia, el funcionario le podría otorgar una copia de su historial criminal del FBI para repasarlo y posiblemente cuestionarlo. Si la política de la agencia no permite que se le provea una copia del historial, usted puede obtener una copia del historial presentando sus huellas digitales y una tarifa al FBI. Puede obtener información referente a este proceso en <https://www.fbi.gov/services/cjis/identity-history-summary-checks> y <https://www.edo.cjis.gov>.
- Si decide cuestionar la veracidad o totalidad de su historial criminal del FBI, deberá presentar sus preguntas a la agencia que contribuyó la información cuestionada al FBI. Alternativamente, puede enviar sus preguntas directamente al FBI presentando un petición por medio de <https://www.edo.cjis.gov>. El FBI luego enviará su petición a la agencia que contribuyó la información cuestionada, y solicitará que la agencia verifique o corrija la información cuestionada. Al recibir un comunicado oficial de esa agencia, el FBI hará cualquier cambio/corrección necesaria a su historial de acuerdo con la información proveída por la agencia. (Vea 28 CFR 16.30 al 16.34.)
- Usted tiene el derecho de esperar que los funcionarios que reciban los resultados de la investigación de su historial criminal lo usarán para los propósitos autorizados y que no los retendrán o diseminarán en violación a los estatutos, normas u órdenes ejecutivos federales, o reglas, procedimientos o normas establecidas por el National Crime Prevention and Privacy Compact Council.³

¹ La notificación por escrito incluye la notificación electrónica, pero excluye la notificación verbal.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ Vea 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (anteriormente citada como 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) y 906.2(d)

Firma del solicitante: _____ Fecha: _____



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION *(PLEASE TYPE OR PRINT CLEARLY)*

Name:					
Date of birth:		SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please check)</i>	
Height:	ft.	inches	Weight:	lbs.	Eye Color:
Race: <input type="checkbox"/> Black		<input type="checkbox"/> White	<input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Native American
					<input type="checkbox"/> Other <i>(Please check)</i>
Place of Birth:				Citizenship:	
Current address:					
City:			State:		ZIP Code: -
Daytime Phone:		Evening Phone:		Driver's License #:	

AGENCY INFORMATION

Agency Authorization #: 1600004151	
ORI # (if required): MD 920519Z	Reason fingerprinted? LICENSURE / REGISTRATION
Position Applied for: MDH - MD STATE BOARD OF MASSAGE THERAPY EXAMINERS	

Request Type: <i>(Choose one ONLY)</i> <input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input type="checkbox"/> Child care <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Gold Seal/ Adoption <input type="checkbox"/> Gold Seal/Letter/VISA <input type="checkbox"/> Government Employment	<input checked="" type="checkbox"/> Government Licensing or Certification <input type="checkbox"/> Immigration/VISA <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing
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Mail Response to:

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name:
Address:
City, State, Zip code: