



MARYLAND STATE BOARD OF MASSAGE THERAPY EXAMINERS
4201 Patterson Avenue, Suite 301, Baltimore, Maryland 21215
Office Main Telephone: 410 764-4738; Email Address: mdh.bcmte@maryland.gov

APPLICATION FOR CONVERSION FROM RMP TO LMT STATUS

EDUCATION/PROFESSIONAL TRAINING REQUIREMENTS FOR CONVERSION

Pursuant to COMAR 10.65.01.06.F, in order to convert from RMP to LMT status, a Petitioner must:

1. Have held an active registration continuously in good standing for a minimum of 10 years preceding the conversion request;

Or

2. Attest to have accumulated 1,000 hours of hands-on experience over the previous 2 years between work hours and continuing education hours;

Or

3. Provide documentation verifying a total of 750 contact hours which include program education hours and continuing education hours.

CONVERSION FEE AND PAYMENT – A non-refundable \$100 conversion fee payable at: [Massage Therapy Portal](#). After making payment, reply to the receipt email and attach the completed form.



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APPLICATION FOR CONVERSION FROM RMP TO LMT STATUS**

**Non-Refundable \$100 Conversion Fee is due with this Application.
Pay at [Massage Therapy Portal](#).**

Name: _____
(Last) (First) (Middle) (Maiden)
(If transcript name is different from above, provide supporting documents: court order, marriage certificate, etc.)

Registration Number: R _____ **Initial Issue Date:** _____

SSN/ITIN: _____ Date of Birth: _____

Non-Public (Home) Address: _____
(Street) (City) (State) (Zip)

Public (Business) Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell: _____ Work: _____

Personal Email (Required): _____ (Non-Public) Work Email: _____ (Public)

Gender: ☐ Male ☐ Female ☐ Other (please state) _____ **Pronoun:** _____
(Please specify)

MESSAGE EDUCATION

Message School: _____ State: _____

Completion Date: _____ Contact Hours Completed : _____ Clinical Hours completed: _____

State & Facility in which you completed your Hands-on Clinical Training (**do not leave this section blank**):

State: _____ Facility Name: _____

SELECT ONE CONVERSION OPTION

- ☐ 750 Contact Hour Education Program, or Program Education Hours **plus** Continuing Education Hours.
☐ Active registration continuously in good standing for a minimum of 10 years preceding this conversion petition.
☐ Attestation of 1,000 hours of hands-on experience over the previous 2 years between work hours and continuing education hours.

CHECKLIST OF REQUIRED DOCUMENTS

Please check the documents you have submitted with this petition:

- | | |
|---|--|
| <input type="checkbox"/> Copy of Massage School Transcript showing 750 hours | <input type="checkbox"/> Copies of Continuing Education Certificates |
| <input type="checkbox"/> Notarized Attestation Form-1,000 hours hands-on experience | <input type="checkbox"/> Copy of unexpired CPR Card at Healthcare Provider Level |
| <input type="checkbox"/> Copy of Active Maryland Registration (RMP) Card | <input type="checkbox"/> \$100 Conversion Fee - Pay at Massage Therapy Portal . |
| <input type="checkbox"/> Copy of valid driver's license or state issued ID | |

BOARD USE ONLY

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

