

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 by cashier's check or money order is due with this application.

Mail completed application and fees to:

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



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APPLICATION FOR CONVERSION FROM RMP TO LMT STATUS

Non-Refundable \$100 Conversion Fee is due with this Application

Name:				
(Last) $(First)$			(Middle)	(Maiden)
(If transcript name is di	fferent from above, provide su	pporting documents:	court order, marriage c	ertificate, etc.)
Regis	stration Number: R	Initial Issue Da	ite:	
SSN/ITIN:		Date of l	Birth:	
Non-Public (Home) Address:				
	(Street)	(City)	(State)	(Zip)
'ublic (Business) Address:				_
	(Street)	(City)	(State)	(Zip)
Home Phone:	Cell:		Work:	
Gender: \square Male \square Female	Other (please state)		Pronoun:	
	•			se specify)
Iome Phone:	Cell Phone:	We	ork Phone:	(Public)
Personal Email (Required):	G	(Non-Public) Work Email:(P		(Public)
\ 1 / <u>-</u>				
	MASSAG	E EDUCATION		
Massage School:	State:			
Completion Date:	Contact Hours Comp	leted :	Clinical Hours complet	ed:
state & Facility in which you	completed your Hands-on Cli	nical Training (do no	ot leave this section bla	nk):
state:	Facility Name:			
	SELECT ONE C	ONVERSION OPTION		
petition. (If using out of s ☐ Option 2 - Attestation of 1 continuing education hour	ion continuously in good stand state license/registration histo ,000 hours of hands-on experie rs. our Education Program, or Prog	ory, provide verifica ence over the previou	tion of good standing.) s 2 years between work	hours and
	CHECKLIST OF R	EQUIRED DOCUMEN	TS	
Please check the documents	s you have submitted with this	petition:		
Copy of Massage School T Notarized Attestation Form Copy of Active Maryland Copy of valid driver's licental \$100 Conversion Fee (All	options) □ Cop ons) □ Prov	 □ Copies of Continuing Education Certificates (Opt. 2 or 3) □ Copy of unexpired CPR Card at Healthcare Provider Level (All options) □ Out of State Licensure Verification for Opt. 1 		
	BOARI	O USE ONLY		
Check #	Check Amount	Check Date	e	Initials



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ATTESTATION

I acknowledge and agree that the burden is solely on me to produce adequate and acceptable proof of qualifications sufficient to meet the requirements for licensure as a massage therapist in the state of Maryland.

Check One:			
□I am □ I am not applying massage practitioner in the period		years of continuous, active registration as a sapplication.	
11.0		he completion of a minimum of 1,000 hours of raduation from a massage education program.	
		completion of a 750-contact hour massage ours and continuing education hours.	
	1 0	e therapy, upon suspension, revocation, or uch action, I shall return the official license	
I understand that providing false	information of any kind or o I agree that all documents su	orrect to the best of my knowledge and belief. omitting information known to me may result bmitted with this application are the property on fees are non-refundable.	
Print Name	Applicant's Signature	Date	
	NOTARY CERTIFICA	ATION:	
State:	City/County:		
The undersigned notary public attendentification and has signed the ab		lividual/applicant has presented photo	
Signed and sworn before me this _	day of	,	
Name and signature		Date My Commission Expires	
NOTARY SEAL			