

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

Pay at Massage Therapy Portal.

Name:					
(Last)	(First)		(Middle)	,	
(ij iranscripi name is aij	ferent from above, provide si	ipporting aocume	enis. court order, marria	ge certificate, etc.)	
Regis	tration Number: R	Initial Issu	ıe Date:		
SSN/ITIN:		Dat	e of Birth:		
Non-Public (Home) Address:					
· · · · · ·	(Street)	(City)	(State)	(Zip)	
Public (Business) Address:					
	(Street)	(City)	(State)	(Zip)	
Home Phone:	Cell:		Work:		
Personal Email (Required):	sonal Email (Required): (Non-Public) Work Email: (Pub			(Public)	
Gender: □Male □Female	Other (please state)		Pronoun:		
			(P	lease specify)	
MASSAGE EDUCATION					
Massage School:			State:		
Completion Date:	Contact Hours Completed : Clinical Hours completed:				
State & Facility in which you	completed your Hands-on Cl	linical Training (do not leave this section	blank):	
State:	Facility Name:				
	SELECT ONE (CONVERSION OP	TION		
☐ 750 Contact Hour Education ☐ Active registration continu ☐ Attestation of 1,000 hours education hours.	nously in good standing for a	minimum of 10 y	ears preceding this conv	ersion petition.	
CHECKLIST OF REQUIRED DOCUMENTS					
Please check the documents	you have submitted with thi	s petition:			
☐Copy of Massage School T	ranscript showing 750 hours		Copies of Continuing E	ducation Certificates	
□Notarized Attestation Form-1,000 hours hands-on experience			☐ Copy of unexpired CPR Card at Healthcare		
Copy of Active Maryland Registration (RMP) Card			Provider Level		
	☐Copy of valid driver's license or state issued ID		\$100 Conversion Fee - Pay at		
☐Copy of valid driver's licer	ise of state issued in			•	
Copy of valid driver's licer	ise of state issued in		Massage Therapy P	•	
Copy of valid driver's licer		D USE ONLY		•	



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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:		
.		completion of a 750-contact hour massage ours and continuing education hours.
	• •	completion of a minimum of 1,000 hours of lation from a massage education program.
-	oplying for conversion based on 10 e period immediately preceding this	years of continuous, active registration as a application.
		e therapy, upon suspension, revocation, or uch action, I shall return the official license
I understand that providing in the voiding of this appli	g false information of any kind or or	rrect to the best of my knowledge and belief. mitting information known to me may result bmitted with this application are the property n fees are non-refundable.
Print Name	Applicant's Signature	Date
	NOTARY CERTIFICA	ATION:
State:	City/County:	
• • •	olic attests that the above-signed indid the above under oath/affirmation.	ividual/applicant has presented photo
Signed and sworn before m	e this day of	,
N. 1		D. M. C
Name and signature		Date My Commission Expires
NOTARY SEAL		