



Department of Health

Maryland State Board of Massage Therapy Examiners

4201 Patterson Avenue, Suite 301

Baltimore, Maryland 21215

Office Main Telephone: 410-764-4738 • Office Fax: 410-358-1879

REQUEST FOR ROSTER – ORDER FORM

Please type into this form or print all information.

This form is to be used to request, available for purchase, a list/roster of this Board's licensed massage therapists (LMT's) and registered massage practitioners (RMP's).

The list/roster consists of the following *public* information:

Last Name, First Name, Address, City, State, Zip Code, License or Registration Number, Date of Issue and Date of Expiration

Note: The format of the Roster List will be in Excel Format.

ORGANIZATION / AGENCY	ORGANIZATION / AGENCY NAME	WORK PHONE	
	REQUESTER'S NAME	CONTACT NUMBER	
	CONTACT EMAIL ADDRESS (<i>PRINT LEGIBLY</i>)	FAX NUMBER	
	STREET ADDRESS (<i>If applicable, include Unit #, Apt.#, or Floor</i>)		
	CITY	STATE	ZIP
	LIST CHECK NUMBER:	LIST CHECK DATE:	
	<p>NOTE: INSUFFICIENT FUNDS / RETURN CHECK WILL INCUR A PENALTY FEE OF \$50. 2ND REQUEST AND SUBSEQUENT REQUESTS ARE STRICTLY REMITTANCE BY OFFICIAL MONEY ORDER OR CERTIFIED BANK ISSUED CASHIER'S CHECK.</p> <p>MAKE CHECKS OR MONEY ORDERS PAYABLE TO: MARYLAND STATE BOARD OF MASSAGE THERAPY EXAMINERS 4201 PATTERSON AVE., SUITE 301 BALTIMORE, MD 21215</p>		

REMIT APPROPRIATE FEE FOR LEVEL	LICENSE LEVEL		FEE
	<input type="checkbox"/>	Active LICENSED MASSAGE THERAPISTS [LMT]	\$100
	<input type="checkbox"/>	Active REGISTERED MASSAGE PRACTITIONERS [RMP]	\$100
	<input type="checkbox"/>	Inactive LMT's	\$25
	<input type="checkbox"/>	Inactive RMP's	\$25
<input type="checkbox"/>	ALL LICENSES AND REGISTRANTS [ACTIVE & INACTIVE]	\$200	

FOR BOARD USE ONLY – RECEIVED DATE: _____ < FEE \$ _____ CHECK NO. _____ CHECK DATE: _____