



**Maryland State Board of Massage Therapy Examiners**  
 4201 Patterson Avenue, Suite 301  
 Baltimore, Maryland 21215  
 Main Telephone Number: 410-764-4738

**REQUEST FOR ROSTER – ORDER FORM**

This form is to be used to request a roster of licensed massage therapists (LMTs) and registered massage practitioners (RMPs) available for purchase. The 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 Roster List is provided in Excel Format only.**

Please type or print all information.

<b>ORGANIZATION / AGENCY</b>	ORGANIZATION / AGENCY NAME	WORK PHONE	
	REQUESTER'S NAME	CONTACT NUMBER	
	EMAIL ADDRESS ( <i>PRINT LEGIBLY</i> )	FAX NUMBER	
	STREET ADDRESS ( <i>If applicable, include Unit #, Apt.#, or Floor</i> )		
	CITY	STATE	ZIP
	<p><b>NOTE:</b> INSUFFICIENT FUNDS / RETURNED CHECKS WILL INCUR A PENALTY FEE OF \$50. ACCEPTABLE FORMS OF PAYMENT FOR A 2<sup>ND</sup> AND SUBSEQUENT REQUESTS ARE MONEY ORDER, CERTIFIED OR CASHIER'S CHECK PAYABLE TO:</p> <p align="center">           MARYLAND STATE BOARD OF MASSAGE THERAPY EXAMINERS            4201 PATTERSON AVENUE, SUITE 301            BALTIMORE, MD 21215         </p>		

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

FOR BOARD USE ONLY – DATE REC'D: \_\_\_\_\_ FEE: \$ \_\_\_\_\_ CHECK NO. \_\_\_\_\_ CHECK DATE: \_\_\_\_\_