



## MARYLAND STATE BOARD OF MASSAGE THERAPY EXAMINERS

4201 Patterson Avenue, Suite 301

Baltimore, Maryland 21215

Main Telephone Number: 410-764-4738

Website: [health.maryland.gov/massage](http://health.maryland.gov/massage)

### 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, Business Address, City, State, Zip Code; Business Email Address, if available; License or Registration Number, Date of Issue and Date of Expiration.

**Please type or print all information.**

REQUESTOR'S INFORMATION	ORGANIZATION / AGENCY NAME	WORK PHONE		
	REQUESTOR'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

**FEES:** Pay online at: [Massage Therapy Portal](#). After making payment, reply to the receipt email and attach this completed form.

REMIT APPROPRIATE FEE FOR LEVEL DESIRED	LICENSE LEVEL	FEE
	<input type="checkbox"/> ACTIVE LICENSED MASSAGE THERAPISTS & REGISTERED MASSAGE PRACTITIONERS	\$100
	<input type="checkbox"/> INACTIVE LICENSED MASSAGE THERAPISTS & REGISTERED MASSAGE	\$100
	<input type="checkbox"/> ALL LICENSES AND REGISTRANTS	\$200
	<input type="checkbox"/> INACTIVE LMT ONLY	\$50
	<input type="checkbox"/> INACTIVE RMP ONLY	\$50

#### FOR BOARD USE ONLY

Fee Payment Date.: \_\_\_\_\_ Advice #: \_\_\_\_\_ Amount: \_\_\_\_\_ Initials: \_\_\_\_\_