



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

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: _____