MARYLAND STATE BOARD OF MASSAGE THERAPY EXAMINERS
4201 Patterson Avenue, Suite 301
Baltimore, Maryland 21215
Office Main Telephone: 410-764-4738
♦Website: https://health.maryland.gov/massage; Email: mdh.bcmte@maryland.gov

VERIFICATION OF LICENSE/REGISTRATION STATUS REQUEST

This form is to be used by Licensees, Registrants, State Agencies, or individuals who wish to have an 'Official Verification of Licensure/Registration' sent directly from the Board.
Please allow 7-10 business days for processing.

Fee for each verification: $50

Payment: Submit online at: Massage Therapy Portal. After making payment, reply to the receipt email and attach this completed form.

Requestor: Licensee/Registrant ☐ Agency ☐ Employer ☐ Other ☐

Requestor's Full Name (include Former Name):	Has your name changed from the name on file with the Board? **Yes** ☐ **No** ☐ If yes, submit proof and attach completed Name Change form.
Mailing Address:	Is your address different from the "address of record" on file with the Board? **Yes** ☐ **No** ☐ If yes, attach completed Address Change form.
Email Address:	Contact Number(s):
Licensee's/Registrant's Name:	License/Registration No.
Date of Birth:	SSN/ITIN:

RECEIVING STATE, AGENCY OR COMPANY	**LIST THE STATE/JURISDICTION/ENTITY TO WHICH A VERIFICATION SHOULD BE SENT. IF THAT STATE HAS ITS OWN VERIFICATION FORM, ATTACH IT TO THIS REQUEST.**	
	First Agency/Name	Second Agency/Name
	Address	Address
	City State Zip	City State Zip
	Email	Email

I hereby authorize the Maryland State Board of Massage Therapy Examiners to send verification letter(s) as indicated on this form.

Signature:_____ Date:_____

Board Use Only

Fee Payment Date: _____ Advice #: _____ Amount: _____ Initials: _____