



**MARYLAND STATE BOARD OF MASSAGE THERAPY EXAMINERS**  
4201 Patterson Avenue, Suite 301, Baltimore, Maryland 21215  
Office Main Telephone: 410-764-4738 • Email: [mdh.bcmte@maryland.gov](mailto:mdh.bcmte@maryland.gov)

**REQUEST FOR APPROVAL FOR VISITING MASSAGE THERAPIST**

**Pursuant to COMAR 10.65.01.05(B)(2), applicant must be affiliated with a visiting organization and practice massage therapy for not more than 7 consecutive days and not exceed 30 days per calendar year.**

**The Board must receive a completed application package no later than 10 business days prior to the start of the event for processing.** The individual must complete this form and submit the following to the Board:

- **\$100.00 Application Fee payable online at [Massage Therapy Portal](#). After making payment, reply to the receipt email and attach this completed form.**
- Copy of current, active state massage license and a valid Government-issued id with picture (ex: Driver's License or Passport)
- Submit a copy of current provider-level CPR certification
- Attestation there are no complaints under investigation by current state Board
- Have the current state Board submit a certificate of good standing directly to the MD Massage Board.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_  
(required) (required)

List all State(s) in which you have a current, active, unencumbered license and the License No(s).:

Visiting Organization Name: \_\_\_\_\_

Visiting Organization Address: \_\_\_\_\_

Organization's Contact Person and Phone No.: \_\_\_\_\_

Applicant's affiliation with Visting Organization: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Are there current and/or outstanding complaints, investigations, charges or allegations pending against your license, certifications or registrations in any state? ☐ Yes ☐ No

I attest the information provided above is truthful and correct to the best of my knowledge and belief. I understand that providing false information of any kind or omitting information known to me may result in the denial of this request. I agree that all documents submitted with this request are the property of the Board and fees are non-refundable. \_\_\_\_\_ **Initials**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR BOARD USE ONLY :**

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