



Department of Health

Maryland State Board of Massage Therapy Examiners

4201 Patterson Avenue, Suite 301
Baltimore, Maryland 21215

Office Main Telephone: 410-764-4738 • Office Fax: 410-358-1879 • Website: www.health.maryland.gov/massage

REQUEST FOR REPLACEMENT BOARD WALL CERTIFICATE DIPLOMA [11" x 14"]
FOR LICENSED MASSAGE THERAPISTS [LMT's ONLY]

PLEASE TYPE INTO THIS FORM OR PRINT LEGIBLY ALL INFORMATION.

This forms is to be used **ONLY BY LICENSED MASSAGE THERAPISTS (LMT's)** whom has been issued a Maryland State Board of Massage Therapy Examiners official Board License with the status of LMT. **The Board issued Wall Certificate Diploma is NOT a license to practice in the State of MD.**

It is a wall certificate only awarded to MD Licensed Massage Therapists to recognize their status as LMT's by meeting the additional requirements/training as outlined in the regulation for massage therapy licensure as a LMT. To reiterate again, the Wall Certificate Diploma IS NOT to be used in lieu or in place of the official the Board issued blue license to practice massage therapy.

DO NOT USE THIS FORM: IF YOU ARE A REGISTERED MASSAGE PRACTITIONER (RMP)
IF YOU ARE A LMT AND A NAME CHANGE HAS NOT BEEN REPORTED
 (You must first complete the Notification of Name Change Form listed on the Board website listed above).

LICENSE MASSAGE THERAPIST Only	LICENSE HOLDER'S FULL LEGAL NAME		DATE OF REQUEST:		
	FORMER NAME (If applicable):		DATE OF BIRTH:	LAST 4 OF S.S.#	
	CURRENT ADDRESS:		CITY	STATE	ZIP
	E-MAIL ADDRESS		HOME/CELL PHONE:		
	LICENSE NO. AND ATTACH COPY OF YOUR BD LICENSE:		SIGNATURE:		

The Fee for a re-printed Board Wall Certificate is **\$40.00 per document**. The reprinted Board Wall Certificate that you will receive may or may not be an exact replica of the original that you received, depending upon when you were issued your first initial license with the status of Licensed Massage Therapist (LMT). The style of the Board Wall Certificate have changed and all reprints are done using the current format including the signatures of the current Board Members. Please use this fillable PDF or download and complete this form. Mail the completed form along with a check or money order made payable to the **MD State Board of Massage Therapy Examiners** to the above address.

BOARD OFFICE USE ONLY	
ADMINISTRATIVE APPROVAL INT.: _____	Date Received to Office: _____ Review Date: _____ Int.: _____
BD MEETING SCHEDULE SIGN DATE: _____	Check Date: _____ APPROVAL DATE: _____ Int.: _____
	Check Number: _____ Entered Database: _____ Int.: _____
	Lic./Reg. Number: _____ Control #: _____ Int.: _____