



**MARYLAND STATE BOARD OF MASSAGE THERAPY EXAMINERS**  
4201 Patterson Avenue, Suite 301, Baltimore, Maryland 21215  
Office Main Telephone: 410-764-4738

**REQUEST FOR APPROVAL OF CONTINUING EDUCATION COURSE  
INSTRUCTIONS**

**WHO AND WHEN TO SUBMIT**

Either a MD licensed Massage Therapist, a MD Registered Massage Practitioner or any program providers not already pre-approved by the Board may submit a request for approval. Course approvals expire three (3) years from the date of approval. A request must be submitted to the Board **at least 60 days before the start date** of the program or course.

The Maryland State Board of Massage Therapy Examiners automatically approves massage courses given by the organizations listed below. If the program is sponsored or offered by one of these pre-approved providers, you do not need to submit this form.

- American Massage Therapy Association (AMTA)
- Associated Bodywork and Massage Professionals (ABMP)
- Federation of State Massage Therapy Boards (FSMTB)
- National Certification Board for Therapeutic Massage and Bodywork (NCBTMB)
- The National Certification for Acupuncture and Oriental Medicine (NCCAOM)
- The American Organization for Bodywork Therapies of Asia (AOBTA)
- National and State massage therapy organizations accredited by the federal or state government or a Board recognized accreditation society; and
- Accredited state schools and U.S. Military Commands

Note: Up to 12 hours may be achieved for formal, authorized representation at a national, regional, or local convention or meeting relating to any of the above cited organizations.

**FEES**

1. A single payment of \$40, per request, if the request is submitted by a MD licensee or MD registrant.
2. **\$40 for each course** if the request is submitted by a **course provider**.

Payments are accepted by certified check or money order payable to the MD State Board of Massage Therapy Examiners.

**DOCUMENTS REQUIRED**

- Application Form(s). Each course requires a separate application form.
- Resume and/or CV for each instructor, supporting massage therapy subject matter expertise and experience.
- Detailed Course Syllabus illustrating learning outcomes and the breakdown of time allotted for each part of the course's content.
- Title, date, time and location of each course.
- Number of CE Hours to be awarded for each course.
- Method of course delivery (live, webinar, home study, etc.)
- Sample Copy of course completion certificate.



**CONTINUING EDUCATION COURSE APPROVAL APPLICATION FORM**  
*(Must be received by the Board at least 60 days prior to the start date of the course)*

Requester (check one):  Sponsor/Course Provider       Maryland Licensed Massage Therapist  
 Registered Massage Practitioner

**REQUESTER/SPONSOR INFORMATION**

License / Registration Holder's Name:	License/Registration Number: <b>M</b> _____ <b>or</b> <b>R</b> _____
Street Address: <i>(Include Unit #, Apt.#, or Floor)</i>	Contact Number:
Licensee's/Registrant's Personal Email:	Business Email:
Individual Provider or Organizational Provider(s):	Point of Contact Name:
Course Sponsor:	Provider Point Contact Number:
Address of Provider/Sponsor:	Sponsor Point Contact Number:
Point of Contact email address for registration, cost and technical issues:	

**COURSE INFORMATION**

**Enclose course outline, agenda or syllabus illustrating learning outcomes and the breakdown of time allotted for each part of the course content. Also enclose the detailed resume or curriculum vitae (CV) for each instructor and sample certificate.**

Course Title:	Course Website Link:
Course Location:	Course Date(s):
Course Instructor(s):	
Total Contact or Credit Hours Requested:	Course Duration (In Hours):
Name of certifying officer and method used to ensure attendance and completion:	Course Fee per Licensee/Registrant:
Mode of Delivery <i>(check all that apply)</i> : <input type="checkbox"/> Online <input type="checkbox"/> Live <input type="checkbox"/> [Blended ( ____ % online / ____ % live)] <input type="checkbox"/> Home Study	Have you presented this course to this Board prior to this request? <input type="checkbox"/> Yes <input type="checkbox"/> No
List other states in which this specific course has been accepted.	Certificate provided upon completion of course? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach sample of Certificate)  Examination/Assessment Component? <input type="checkbox"/> Yes <input type="checkbox"/> No
Course Objective(s):	

**Board Use Only:** Check Date: \_\_\_\_\_ Check Number: \_\_\_\_\_ Check Amt.: \_\_\_\_\_ Initials \_\_\_\_\_



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**SUPPLEMENTAL INFORMATION**