



MARYLAND STATE BOARD OF MASSAGE THERAPY EXAMINERS

4201 Patterson Avenue, Suite 301, Baltimore, Maryland 21215

Main Telephone Number: 410-764-4738 • Email: mdh.bcmte@maryland.gov

REINSTATEMENT APPLICATION

(Only For Licenses / Registrations Expired 5 Years or Less)

Fees: Licensed Massage Therapists (LMTs) - \$501 Registered Massage Practitioners (RMPs) - \$475
Payment: Remit certified check, or money order payable to 'MD State Board of Massage Therapy Examiners' with the application.

A. IDENTIFYING INFORMATION

Full Name: License/Registration No.:

Non-Public (Home) Mailing Address (include apt #, suite #):

City State Zip

Public (Business) Address (include suite #):

City State Zip

Social Security Number/ITIN: Date of Birth:

Home Phone: Cell No.: Work No.:

Personal E-mail: Work Email:

My name has legally changed My address has changed

Attach Name Change and/or Address Change form to this application

Since the expiration of your license/registration, have you practiced massage therapy in any other state?

Yes No If yes, please complete the information below:

Table with 5 columns: State, License/Registration No., Issue Date, Current Status, Expire Date

WORKERS' COMPENSATION INSURANCE INFORMATION (Required per Health Occupations Art. §1-202): Please direct inquiries to 410-864-5100 or visit the WCC website at http://www.wcc.state.md.us for more information.

I HEREBY CERTIFY THAT (Check One) I do not practice in Maryland. I practice in Maryland and am NOT an employer. I practice in Maryland and employ one or more persons (must provide insurance information below).

Insurance Co.: Policy No.: Exp. Date:

Board Use Only: Check Date: Check Amt: Check No.: Init:

**B. CONTINUING EDUCATION: 24 CEU Hours & CPR certifications completed between November 1<sup>st</sup> and October 31<sup>st</sup> of the last two years.** Requirements are: 1 hour in Diversity and Cultural Competency; 3 hours in Professional Ethics or Jurisprudence; 3 hours in Communicable Diseases including AIDS/HIV & 17 Massage Related (techniques) courses.

- Professional Ethics or Jurisprudence     Communicable Disease including AIDS/HIV  
 Diversity & Cultural Competency     CPR Certification     17 Massage Related (techniques) courses  
 Copies of all CEU certificates and unexpired CPR certificate are attached to the application. \_\_\_\_\_ Applicant's Initials

**C. PROFESSIONAL COMPETENCY & CHARACTER AND FITNESS QUESTIONS**

Please write “**YES**” or “**NO**” to each question below. All “yes” answers **must be explained** in your own words on a separate sheet. Include all details, dates, resolutions and submit court/legal documents related to the matter.

- \_\_\_\_\_ 1. Has a state licensing or disciplinary board (including Maryland) a comparable body in the armed services or the Veterans Administration, denied your application for licensure, registration, certification, reinstatement, reactivation or renewal?
- \_\_\_\_\_ 2. Has a state licensing or disciplinary Board (including Maryland) or comparable body in the armed services or the Veterans Administration, taken action against your license, registration or certificate? Such actions include but are not limited to, limitations of practice, required education, admonishment or reprimand, suspension, probation or revocation.
- \_\_\_\_\_ 3. Has any licensing or disciplinary board in any jurisdiction (including Maryland), a comparable body in the armed services or the Veterans Administration, filed any complaints or charges against you or investigated you for any reason?
- \_\_\_\_\_ 4. Have you **ever** pled guilty, nolo contendere, no contest, or been convicted or received probation before judgment for **any** criminal act (felony or misdemeanor), including DWI or DUI, in **any** state of jurisdiction?
- \_\_\_\_\_ 5. Have you surrendered your license, registration or certificate or allowed it to lapse while you were under investigation by any licensing or disciplinary board of any jurisdiction, or any entity of the armed services or the Veterans Administration?
- \_\_\_\_\_ 6. Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a physical, mental, emotional, or nervous disorder/condition) that in any way affects your ability to practice massage therapy in a safe, competent, ethical, and professional manner?
- \_\_\_\_\_ 7. Have any malpractice claims or other claims for money damage been filed against you? Include past and pending claims, dismissed or settled claims, or claims which resulted in a damages award against you.

I affirm and attest the answers provided above are true and accurate. \_\_\_\_\_  
 Applicant's Signature Date

**D. REINSTATEMENT FEES:**

**LMT** Fee: \$501.00 (Includes Health Care Commission Fee of \$26.00) \$ \_\_\_\_\_  
**RMP** Fee: \$475.00 \$ \_\_\_\_\_  
 Duplicate Fee: \$40.00 (\$20.00 during Biennial Renewal Period, August – November 30<sup>th</sup> even yr.) \$ \_\_\_\_\_  
 TOTAL FEES \$ \_\_\_\_\_

I affirm and attest that the information provided on this application is true and correct to the best of my knowledge and beliefs.

\_\_\_\_\_  
 APPLICANT'S NAME (PRINT)                      APPLICANT'S SIGNATURE                      DATE



## REINSTATEMENT APPLICATION

Applicant: \_\_\_\_\_ License/Registration Number: \_\_\_\_\_ 3

### PROFESSIONAL COMPETENCY & CHARACTER AND FITNESS QUESTIONS EXPLANATION *(For "Yes" answers to Questions 1-9 of Section C)*

**Note: If not applicable; disregard this page. If you answered yes to any questions in Section C on page 2, provide complete information and indicate the specific documents, you have attached.**