



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

APPLICATION FOR CONVERSION FROM RMP TO LMT STATUS

EDUCATION/PROFESSIONAL TRAINING REQUIREMENTS FOR CONVERSION

Pursuant to COMAR 10.65.01.06.F, in order to convert from RMP to LMT status, a Petitioner must:

1. Have held an active registration continuously in good standing for a minimum of 10 years preceding the conversion request;

Or

2. Attest to have accumulated 1,000 hours of hands-on experience over the previous 2 years between work hours and continuing education hours;

Or

3. Provide documentation verifying a total of 750 contact hours which include program education hours and continuing education hours.

CONVERSION FEE AND PAYMENT – A non-refundable \$100 conversion fee payable by cashier's check or money order is due with this application.

Mail completed application and fees to:

**Maryland State Board of Massage Therapy Examiners
4201 Patterson Avenue, Suite 301
Baltimore, MD 21215
Attention: Licensing Unit**



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ATTESTATION

I acknowledge and agree that the burden is solely on me to produce adequate and acceptable proof of qualifications sufficient to meet the requirements for licensure as a massage therapist in the state of Maryland.

Check One:

[] I am [] I am not applying for conversion based on 10 years of continuous, active registration as a massage practitioner in the period immediately preceding this application.

[] I am [] I am not applying for conversion based on the completion of a minimum of 1,000 hours of hands-on experience over the preceding two years, post-graduation from a massage education program.

[] I am [] I am not applying for conversion based on the completion of a 750-contact hour massage education program or a combination of program education hours and continuing education hours.

I further agree that if issued a license to practice massage therapy, upon suspension, revocation, or cancellation of such license, within five business days of such action, I shall return the official license back to the Board.

The information provided in this application 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 voiding of this application. I agree that all documents submitted with this application are the property of the Board. Pursuant to COMAR 10.65.07.02, conversion fees are non-refundable.

Print Name Applicant's Signature Date

NOTARY CERTIFICATION:

State: City/County:

The undersigned notary public attests that the above-signed individual/applicant has presented photo identification and has signed the above under oath/affirmation.

Signed and sworn before me this day of,

Name and signature Date My Commission Expires

NOTARY SEAL