

# Licensed Massage Therapist Board Position Application

## Maryland Board of Chiropractic and Massage Therapy Examiners

Position Qualifications: Maryland State Resident;  
Licensed Massage Therapist of Integrity and Ability who is in Active Practice;  
Graduate of a Board-Approved Course in Massage Therapy;  
Practiced Massage Therapy in Maryland for at Least Five Consecutive Years;  
Current member of a massage therapy professional association; and  
Must be endorsed by a designated representative of your professional association.

Submit completed application with requested information to: American Massage Therapy Association – Maryland Chapter, Attn: MBCMTE Selection Committee, 1701 Edmondson Avenue, Baltimore, Maryland 21228. Applications must be **RECEIVED** by COB on August 28, 2008. Scanned copies may be e-mailed to [amtamd@yahoo.com](mailto:amtamd@yahoo.com) with MBCMTE Selection Committee in the subject line. E-mailed copies must be received by midnight, August 28, 2008.

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  
Street Address: \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Contact Phone Number: \_\_\_-\_\_\_-\_\_\_ E-Mail Address: \_\_\_\_\_

### EDUCATION

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Did you graduate? Yes \_\_\_ No \_\_\_ Degree: \_\_\_\_\_  
College: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Did you graduate? Yes \_\_\_ No \_\_\_ Degree: \_\_\_\_\_  
Massage Therapy School: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Did you graduate? Yes \_\_\_ No \_\_\_ Degree: \_\_\_\_\_

### PROFESSIONAL

MD State Certified Massage Therapist Certification # \_\_\_\_\_ Original Issue Date: \_\_\_/\_\_\_/\_\_\_  
Professional Association: AMTA Membership # \_\_\_\_\_ ABMP Membership # \_\_\_\_\_  
IMA Membership # \_\_\_\_\_ USMMTA Membership # \_\_\_\_\_ Other \_\_\_\_\_  
Professional Association Endorsement: Position of Endorsing Official: \_\_\_\_\_  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Other professional License, Registration, or Certification currently held:

State: \_\_\_ Issuing Agency: \_\_\_\_\_ License/Cert/Reg #: \_\_\_\_\_ Expiration: \_\_\_/\_\_\_/\_\_\_  
State: \_\_\_ Issuing Agency: \_\_\_\_\_ License/Cert/Reg #: \_\_\_\_\_ Expiration: \_\_\_/\_\_\_/\_\_\_  
Other Professional Association Affiliation. Association: \_\_\_\_\_ Membership # \_\_\_\_\_  
Association: \_\_\_\_\_ Membership # \_\_\_\_\_

Have you, or are you currently, been a member of any professional regulatory board, professional association board, or committee there of?

State: \_\_\_\_\_ Body: \_\_\_\_\_ Position: \_\_\_\_\_ From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_  
State: \_\_\_\_\_ Body: \_\_\_\_\_ Position: \_\_\_\_\_ From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

# Licensed Massage Therapist Board Position Application Maryland Board of Chiropractic and Massage Therapy Examiners

## BACKGROUND

Have you ever been denied a license, certificate, or registration? Yes \_\_\_ No \_\_\_

Have you ever had a license, certificate, or registration revoked, suspended, canceled, or investigated? Yes \_\_\_ No \_\_\_

Have you ever been: arrested; entered a plea of guilty, no contest, nolo contendere; been convicted of a crime; or received probation before judgment in any jurisdiction for a crime other than a minor traffic violation? Yes \_\_\_ No \_\_\_

## QUESTIONNAIRE

Please briefly answer the following questions on a separate piece of paper (100 words or less):

1. **Why do you want to be a member of the Chiropractic and Massage Therapy Board of Examiners?**
2. **What personal and professional attributes would you bring to the Board?**
3. **How do you believe your contributions to the massage therapy community will benefit the Board?**
4. **What are your challenges that would limit your contributions to the Board and the massage therapy community?**

## ADDITIONAL INFORMATION

**Please provide the additional documents:**

1. **Resume for the position with three professional and two personal references on a separate sheet of paper;**
2. **Photocopy of your Maryland State Driver's License or other form of government issued picture ID;**
3. **Photocopy of your Maryland State Massage Therapy Certificate; and**
4. **Photocopy of any additional License, Certificate, or Registration**

**If additional space is needed to complete this application, please use a separate piece of paper with your name in the header and the additional information.**

**I certify that my answers are true and complete to the best of my knowledge.**

**If this application leads to my placement on the Board, I understand that any false or misleading information in this application or interview may result in my removal.**

**Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_**

Note:

Successful applicants (15 each) will be required to sit on an interim advisory committee to the Board from October 1, 2008 to June 30, 2009.