

North Dakota Board of Massage

(701) 739-2206 ~ ndbmt.org

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Continuing Education Initial Application Approval Form

(Instructor/Presenter)

Name of provider/Instructor: _____

Address: _____
First Middle Last
City/State: _____ Zip Code: _____

Email Address: _____ Work Phone: _____ Cell Phone: _____

Name of facility or business: _____

Course Title: _____

Location(s) of course: _____

Date(s) the Course is offered: _____

Proposed number of Continued Education hours to be approved: _____

Are any hours being provided by remote means? Yes__ No__ If yes, list the number of hours: _____

If yes, is there a procedure or method in place to determine that the attendees have actually viewed the materials? Please describe: _____

Has this course been approved by NCBTMB or other associations and states? Yes _____ No _____ If yes, please list: _____

The following information must be submitted with this application for approval. Failure to provide this information will delay the process and course approval will not be granted until the board receives the necessary documents.

- **Copy of provider's/instructor's resume that should include credentials pertaining to the specific subject being taught.**
- **Copy of provider's/instructor's license and any certification.**
- **Syllabus of course**
- **Explanation on how the course pertains to massage therapy and/or supports the career of massage therapy.**
- **A sample form of the certification of completion attendees will receive upon completing the course**

The office staff will notify applicant if information is insufficient. The applicant has ninety (90) days to complete the process for a course approval. **Approved applicants will receive a letter or email stating board's approval. This announcement will provide an identification number for each course submitted for approval. Please apply this ID # to the certifications of completions for each course.**

The course information will be posted on the ND Board of Massage Website within one week of approval and be removed after January 1st of each year when it expires.

Provider/instructor is required to reapply annually by filling out the Continued Education Provider Re-Application form provided the material being taught does not deviate from the course material originally approved and there is no change of instructor for the course.

The board retains the right to rescind provider/instructor approval if they have disseminated any false or misleading information in connection with the continued education program, or if the board determines they have violated the board's rules.

For more information, please refer to ND Century Code section 43-25-09 and ND Administrative Code section 49-01-02-05.

Please fill in the lines and return it to the board office.

Signature of Provider/Instructor: _____ **Date:** _____