

North Dakota Board of Massage Therapy

PO Box 3141, Bismarck, ND 58502-3141

ndbmt@aptnd.com www.ndbmt.org

To inquire if a Continuing Education Course is approved.

**Has this course been approved by AMTA or FSMTB? If yes, it is automatically approved by the NDBMT and further approval is not required!

Name of Massage Therapist: _____

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

North Dakota License Number: _____ Email Address: _____

Work Phone: _____ Cell Phone: _____

Business name: _____

Business address: _____

Course Information:

Name of course: _____

Course website or URL: _____

Instructor's name: _____

Instructor's phone number: _____ Email address: _____

Proposed Location(s) of course(s): _____

Proposed date(s) the course is offered: _____

Is this course approved by NCBTMB? _____

Proposed number of Continued Education hours this course will provide: _____

Are any hours "hands-on application" hours? Yes ___ No ___, If, yes, list the amount of hours: _____

Are any hours being provided by remote/on-line means? Yes _____ No _____

Please be advised that at least half of the required hours for the licensing period must be completed via hands-on methods.

After completing this course, if approved, it is your responsibility keep a copy of the certificate of completion on file.

You may be required to submit a copy of this certificate with your biennial license renewal.

Signature of Licensed Massage Therapist: _____ Date: _____