

# North Dakota Board of Massage Therapy

PO Box 3141, Bismarck, ND 58502-3141  
[ndbmt@aptnd.com](mailto:ndbmt@aptnd.com) 701-712-8624

## Continuing Education Instructor/Presenter Approval Request Form

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

Name of provider/Instructor: \_\_\_\_\_

First
Middle
Last  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of facility or business: \_\_\_\_\_

Course Title: \_\_\_\_\_

Location(s) of course: \_\_\_\_\_

Course/provider website: \_\_\_\_\_

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: \_\_\_\_\_

**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. **Please allow 60-90 days for the approval process.**

**Approved applicants will receive an 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 once approved and be removed from the website one year from the date of the course when the approval expires. It is the provider's responsibility to seek re-approval of the course after the one-year approval status expires.

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 (2) and ND Administrative Code section 49-01-02-05 (2).

Please return the completed form to the NDBMT Office via email or mail to the address at top of form.

**Signature of Provider/Instructor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Board Office use:</b>	
<b>Date request received</b>	
<b>Date approved</b>	
<b>Approval number</b>	
<b>Approved by</b>	
<b>Expiration date</b>	