

North Dakota Board of Massage

(701) 739-2206 ~ ndbmt.org

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Continuing Education Provider Re-Application Form

Name of provider/Instructor: _____

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

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

Name of facility: _____

Course Title: _____

Location(s) of course: _____

Date(s) the Course is offered: _____

Proposed number of Continued Education hours to be approved: _____

Are any hours "hands-on application" hours? Yes__ No__, If, yes, list the amount of hours: _____

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 material? Please describe. _____

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

The office does have a copy of your resume, course syllabus, course material, and course credentials which was sent with the initial course approval application. Updated information may be submitted with this application, but not mandatory at this time.

The board will approve this course for another year ONLY if the following is true. By signing this form you certify that:

- **The material being taught does not deviate from the course material originally approved on the initial continuing educational application for course approval.**
- **There is no change of instructor for this course.**

Approved applicants will receive a letter stating board's approval and the course information will be added to the ND Board of Massage website within one (1) week of approval and be removed after January 1st when it expires.

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.

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.

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