



CONTINUING EDUCATION PROVIDER APPLICATION AND CHECKLIST

ITEM NUMBER	REQUIREMENT	RESPONSE	
1	NAME OF PROVIDER		
2	MAILING ADDRESS		
	CITY		
	STATE		
	ZIP		
3	PHONE		
	FAX		
	EMAIL		
4	Individual responsible for receiving notices concerning this application		
	POSITION		
	EMAIL		
5	The provider is:		
	An individual		
	A chapter, society or professional association related to massage therapy and/or bodywork		
	A chapter, society or professional association NOT related to massage therapy and/or bodywork		
	A school of massage therapy and/or bodywork		
	A college, university, or school other than a school of massage therapy and/or bodywork		
	A corporation established to provide professional education		
	A corporation of massage therapy and/or bodywork practitioners		
	Other: Please describe below		

6	Has the provider been approved by the NCBTMB?	YES	NCBTMB NUMBER	NO
7	Has the provider or any of its programs been approved for CEU credits by a State Agency regulating the practice of massage therapy and/or bodywork in another state or states?	YES	State(s)	NO
8	If the provider is a school, college, or university, please list all accreditations and/or approvals obtained by the educational institution, state the dates that said accreditations were first obtained, and attach a copy of proof of such accreditations and/or approvals			
	N/A	If yes, specify		
9	When did the provider first begin providing continuing education to massage therapists and/or bodywork?			
	DATE:			
10	If the provider has offered continuing education programs in the past, attach a statement describing the type of programs offered and attach a sample of promotional materials from the representing program.			
	N/A	Attachment provided:	YES	NO
11	Attach a statement describing the type of programs that the provider currently plans to offer as an approved provider.			
	Attachment provided:		YES	NO
12	Does any of the programs referenced in Item 10 or 11 above involve more than muscle and fascia manipulation (i.e. visceral or organ manipulation)? If yes, be advised that Mississippi does not include this manipulation within the scope of practice for Mississippi licensed therapists. Your providership and subsequent programs that includes this manipulation may result in you not receiving approval as a Mississippi CEU provider. All submission fees are non-refundable.			
13	Has approval for the provider and/or any of its programs been denied or revoked by the NCBTMB, any State agency regulating the practice of massage therapy and/or bodywork, and/or any professional massage therapy organization?		YES	NO
14	If the provider is a school, college, university, or other educational institution, has any accreditation and/or approval been denied or revoked?			
	If yes, attach a statement fully describing same and attaching all materials received by and/or sent by the provider in connection with same. Attachment Attached: YES			
15	Your last four (4) digits of your IRS Tax ID number or the last four (4) digits of your Social Security Number or another number of your choosing will be required for on-line renewals. Please provide these four (4) digits in the section provided at right.			
16	\$100 non-refundable application fee via certified check or money order made payable to "MSBMT".			
	MO Number: _____		Date: _____	

Mail to:	MISSISSIPPI STATE BOARD OF MASSAGE THERAPY POST OFFICE BOX 20 MORTON, MS 39117 Or if by UPS or FedEx: 353 SOUTH FOURTH STREET MORTON, MS 39117
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SIGNATURE:	PRINTED NAME:
POSITION:	DATE:

THE ATTACHED PROVIDER CERTIFICATION MUST BE EXECUTED AND SUBMITTED ALONG WITH THIS APPLICATION.

PROVIDER CERTIFICATION

I HEREBY CERTIFY that I will ensure that each program offered by the applicant provider meets the requirements of the rules and regulations of the Mississippi State Board of Massage Therapy, including the following requirements:

1. The provider must retain a "sign-in sheet" with the signature of participants and copies of any promotional materials for at least four years following each program. The provider must furnish each participant with a certificate or letter of attendance verifying that the program has been completed. The certificate or letter shall not be issued until completion of the program and shall contain the provider's name and number, the title of the program and instructor, the date, the number of CEU hours, and the licensee's name and license number.

2. Each program presented for Mississippi CEU credits shall be relevant to and focus on massage theory, practice, methods, or the Mississippi laws and regulations governing massage therapy and shall have stated learning objectives. No credit shall be given for programs which include osseous tissue manipulation.

3. Each program presented for Mississippi CEU credits shall be taught by a person who meets the criteria of either Paragraph (a) or (b) below:

(a) holds a minimum of a bachelor's degree from a college or university which is accredited by a regional accrediting body recognized by the United States Department of Education, or a substantially equivalent accrediting body of a foreign sovereign state, with a major in a subject directly related to the content of the program to be offered; OR,

(b) has completed three years of professional experience in the practice of massage therapy; AND,

(i) has, within the last five years of practical experience, had a minimum of two years teaching experience in the subject matter to be offered; OR,

(ii) has completed specialized training in the subject matter and has a minimum of two (2) years of practical experience in the subject.

4. The provider must provide the Board, in writing, the name and address of the person responsible for ensuring that each program meets the requirements of subparagraphs (1) through (3) above and said person shall so certify in the application for provider approval.

Signature

Print Name

Address

City

State

Zip Code

Email Address

Contact Phone Number