



CONTINUING EDUCATION PROGRAM APPROVAL APPLICATION

Note: if this program involves osseous tissue manipulation or more than muscle and fascia manipulation (i.e. visceral or organ manipulation), be advised that Mississippi does not include this manipulation within the scope of practice for Mississippi licensed massage therapists therefore, any program submittal that includes this manipulation may result in denial of this program for Mississippi CEU credit. All submission fees are non-refundable.

No Mississippi CEU credits will be approved for programs which are for the personal enrichment or self-care of the learner.

CEU PROGRAM APPROVAL WILL BE DENIED IF SOUGHT LATER THAN 45 DAYS BEFORE THE START OF THE PROGRAM. ALL SUBMITTALS MUST BE RECEIVED TEN (10) DAYS PRIOR TO THE BOARD MEETING.

LABEL ALL ATTACHMENTS WITH THE CORRESPONDING ITEM NUMBER.

ITEM NUMBER	REQUIREMENT	RESPONSE		
1	Name of Provider			
2	MS Approved Provider (MAP) Number			
3	Title of Program			
4	Classroom Program? (If both classroom and online/home study, a separate application must be filed for each.)	YES _____	Online / Home Study? (Refer to page 6 for additional requirements)	YES _____
5	IF YOU WANT THIS PROGRAM POSTED ON THE MSBMT WEBSITE FOR VIEWING BY THE LMT'S, PLEASE INCLUDE THE INFORMATION BELOW.			
	If Classroom instruction, Location of Program	Dates and Times of Programs		

6	WHAT IS THE WEBSITE FOR ADDITIONAL INFORMATION?	
7	WHAT IS THE CONTACT PHONE NUMBER FOR ADDITIONAL INFORMATION?	
8	The program is offered for a total of how many CEU credits?	
	The results of a pilot program or a description of the means for determining the number of hours of continuing education requested for the proposed program MUST BE DETAILED BELOW	

9	If this Program is an approved NCBTMB Program enter the NCE Program Number:	
10	Identify the relevant focus of this continuing education program, as noted below. Check appropriate box a), b), d) or e) or as many boxes in c) as are applicable to the ethics course.	
	YES	
		a) Massage theory, practice and/or methods;
		b) Mississippi Professional Massage Therapy Act and the MSBMT Rules and Regulations;
		c) Ethical principles pertaining to the practice of massage therapy, including such topics as
		i. A code of ethics;
		ii. Management of the client / therapist relationship;
		iii. Boundary functions;
		iv. Professional communication skills;
		v. Conflict resolution;
		vi. Cultural diversity issues;
		vii. Other ethics topics (and as approved on a case by case basis). (Describe in section 11 a) below)
		d) The structure, function, kinesiology or pathologies of the human body relevant for a massage therapist; or
	e) Methods, skills, and strategies for effective instruction and assessment for teachers (instructors).	

11	a) Relevance of the program to massage therapy;
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11	<p>b) Class presentation schedule to include class times, breaks, lunch, etc. MSBMT does not grant approval for introduction of the speaker, breaks, or lunch (Rule 10.1.C). MSBMT defines one (1) hour of continuing education to be no less than fifty (50) minutes of any one (1) clock hour.</p> <p>Not Applicable as this is a Home Study / Online distance learning program.</p>
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Copy and Insert additional pages if necessary

11	<p>c) Learning Objectives. MSBMT defines “Learning Objectives” as a description of the performance which a learner should be able to exhibit, the conditions in which the performance will take place, and the depth and breadth of the expected performance before the learner is considered competent. These objectives may include and are not limited to cognitive, psychomotor and behavioral learning.</p>
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Copy and insert additional pages, if necessary

12	Will all Mississippi LMT's be able to take the program	YES	NO
If the answer above is "NO" then identify the particular group who has access to the course (e.g. employees of a specific company; only members of an organization, etc.)			
13	In addition, if you are submitting a distance learning (home study or online) course for Board consideration, YOU MUST ATTACHED THE FOLLOWING:		
a) for each on-line course, two (2) codes so that the CEU review committee member(s) may access your website to review all information relative to the distant learning courses offered;			
b) for each home-study course, two (2) printed copies or one (1) electronic copy of all reading materials and two (2) copies of other course materials (e.g. DVD's) so that the CEU review committee member(s) may review all information relative to the distance learning course offered;			
c) Document the procedures of how the provider will validate the successful completion of the program. ALSO INCLUDE A COPY OF THE ASSESSMENT METHOD (exam, etc.). If the provider's assessment method includes a written examination, it shall contain a minimum of five (5) questions for each hour of continuing education credit and the questions shall assess the learner's competence for the specific Learning Objectives. The format of the exam questions shall be essay, short-answer, or multiple-choice. Multiple choice formats must include a minimum of four (4) answers, and the incorrect answers should represent logical errors in thinking that the learner who has not read the material could have made.			
14	Attach a copy of any promotional materials currently available for this program.		
15	If the program includes training on the use of a hand-held electrical massage device, the following additional documents are required and must be attached:		
a) the name of the device-specific model and manufacturer;			
b) the specific Learning Objectives for the device-related portion of the program;			
c) the resources used in the training for the device;			
d) the assessment means used to verify the learner's competence for the Learning Objectives for the device;			
e) the specific schedule for device-related instruction within the program; and			
f) the documentation and information on the instructor's training / qualifications related to the device to include: <ul style="list-style-type: none"> i. how the education was obtained, including the name and qualifications of the person providing the training; ii. the resources that were used in the education and training; iii. the means used to assess the instructor's comprehensive understanding of the use of the device; and iv. the approximate duration of the training. 			

ITEM NUMBER	REQUIREMENT	RESPONSE
16	Name of Presenter:	
17	Address:	
	City:	
	State:	
	Zip:	
18	Email Address:	
19	Phone:	
20	Fax:	
21	Each program presented for Mississippi CEU credits shall be taught by a person who meets the criteria of either (A) or (B) below. CHECK APPROPRIATE BOXES.	
	<input type="checkbox"/>	(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. TRANSCRIPT(S) AND DIPLOMA(S) ATTACHED;
	OR	
	<input type="checkbox"/>	(B)(1) Has graduated from a school of massage therapy which has a curriculum equivalent to the requirements of this State, and approved by a State licensing authority, a nationally recognized massage therapy association or a substantially equivalent accrediting body, or the Board. MESSAGE THERAPY DIPLOMA, MESSAGE THERAPY LICENSE, NCETMB CERTIFICATE, ETC. ATTACHED.
	AND	
	<input type="checkbox"/>	(2) has completed three (3) years of professional experience in the practice of massage therapy (any document providing an original issue date of license);
	AND	
	<input type="checkbox"/>	(3) (a) has, within the last five (5) years of practical experience, had a minimum of two (2) years teaching experience in the submitted matter to be offered; (EVIDENCE MUST BE PROVIDED)
	OR	
	<input type="checkbox"/>	(3) (b) has documents establishing that he/she taught courses similar to the program a minimum of three (3) times in the past two (2) years before a professional convention, professional group, or at a massage therapy school; (EVIDENCE MUST BE PROVIDED)
OR		
<input type="checkbox"/>	(3) (c) has completed specialized training in the subject matter and has a minimum of two (2) years of practical experience in the subject. (EVIDENCE MUST BE PROVIDED)	

16 I certify that all statements made herein on behalf of the provider are true, complete, and correct to the best of my knowledge, information, and belief.

Printed Name

Signature

Position

Date

Address

City, State, Zip

Email

Phone

Fax (if one available)