Mississippi State Board of Massage Therapy

CONTINUING EDUCATION PROVIDER AND PROGRAM REGISTRATION

Provider Name:	
Complete Mailing Address:	
Email Address:	
Contact Name:	
Contact Phone No:	
NCBTMB Approval No:	
Expiration Date:	
FSMTB Approval No:	
Expiration Date:	

PROGRAM TITLE	Type*	Hrs	NCBTMB #	FSMTB #	Expiration

Note: Add additional pages, if required. Attached NCBTMB or FSMTB approval documents with submittal.

IDENTIFY TYPE:

- E = Ethics
- L = Mississippi Law
- C = CPR/First Aid
- S = Self Care
- B = Business, Marketing
- G = General Massage (including all modalities)
- R = Research
- O = Other (attach a description of the program)

FEE: $25 - PROVIDER
$10 – EACH PROGRAM
Money Order or Cashier's Check Only
TOTAL FEE PAID: _____

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