



MISSISSIPPI STATE BOARD OF MASSAGE THERAPY
 Post Office Box 20, Morton, MS 39117
CONTINUING EDUCATION PROVIDER AND PROGRAM REGISTRATION

Provider Name:						
Complete Mailing Address:						
Email Address:						
Contact Name:						
Contact Phone Number:						
NCBTMB Approval Number:						
FSMTB Approval Number:						
Expiration Date:						
PROGRAM TITLE	TYPE *	HRS	NCBTMB # or FSMTB #	PRESENTER	EXPIRATION	DISTANCE OR CLASSROOM?

*****Please attach NCBTMB or FSMTB program approval documents*****

Approval documents can be in the form of the original approval email or a screenshot from the official website

FEE INFORMATION	* IDENTIFY TYPE
\$25 – Provider	L = Mississippi Law
\$10 – Each Program	C = CPR/First Aid
MONEY ORDER OR CASHIER’S	G = General Massage (including modalities)
CHECK ONLY	E = Ethics
TOTAL FEE TO BE PAID: \$	