



MISSISSIPPI STATE BOARD OF MASSAGE THERAPY
Post Office Box 20, Morton, MS 39117

CONTINUING EDUCATION PROVIDER AND DPROGRAM 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 (First, Last)	EXPIRATION

FEE INFORMATION	* IDENTIFY TYPE
	E = Ethics
\$25 – Provider	L = Mississippi Law
\$10 – Each Program	C = CPR/First Aid
MONEY ORDER OR CASHIER’S	S = Self Care
CHECK ONLY	B = Business and/or Marketing
	G = General Massage (including modalities)
TOTAL FEE	R = Research
PAID: \$	O = Other (attach a description of the program)

