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