



Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

Email: nvmassagebd@lmt.nv.gov

Website: <http://massagetherapy.nv.gov>

Continuing Education Approval Request Form

This form must be completed if:

- You attended a board meeting for the purpose of continuing education (CE).
- You are requesting hours for a CE course that you presented/are presenting.
- You attended a CE class that is not approved by ABMP, AMTA, FSMTB, NCBTMB, NCCA, or provided by a massage therapy school, bodywork therapy school, public college, postsecondary institution, or other entity which offers a program of massage therapy that is recognized by the Board pursuant to NRS 640C.580.

Name: _____ License Number: _____

Email Address: _____ Phone Number: _____

Name of Course: _____

Name of Sponsor/Presenter: _____

Location of Course: _____

Date(s) of Course: _____

Course Hours: _____

Include the following with this form:

☐ Provide a brief **summary of the information** that was presented in this course and how this information applies to the practice of massage therapy, reflexology, or structural integration as well as the source of this information.

☐ Provide detailed **biographical information** on the instructor including where they are licensed, what credentials they hold, their educational background, and their qualifications to teach this course.

☐ Provide a list of the **learning objectives** intended to be learned by taking the program.

☐ *Provide your **certificate of completion**.

*If you attend a board meeting or present a course, you do not need to submit a certificate of completion.

You will be notified in writing if course(s) are approved, denied, or need to be reviewed at our next available meeting. Incomplete forms will be rejected.