



**Nevada State Board
of Massage Therapists**

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Continuing Education Form

(Obtain Credit for **ATTENDING** a Program of Continuing Education)

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| Name of the Program: |
| Name of the Sponsor of the Program: |
| Biographical Information: Provide detailed information on the Instructor- where are they licensed, what are their credentials, their educational background and their qualifications to teach this course. Please attach additional sheets of paper if necessary: |
| Dates and Location of Program: (i.e., June 4, 2007 – June 8, 2007) (include street address, city, state and zip code) |
| Course Objectives of the Program: |
| Continuing Education hours awarded: |
| Summary of Information: Provide a brief description of the information that was presented in this course and how this information applies to your massage practice. Please attach additional sheets of paper if necessary: |
| * N/A is not an acceptable answer. Failure to complete each question will result in an automatic denial of Continuing Education. All attached certificates must be original or certified/notarized copies |

This form must be completed if: You attended a course that is not related to the practice of Massage Therapy of the Human Body or, you attended a class of Continuing Education that **is not** approved by NCCA, NCBTMB, AMTA, ABMP or 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.400.

Name : _____ License Number: _____

Street: _____ City: _____ State: _____ Zip: _____