



**Nevada State Board of Massage Therapy**

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Continuing Education Form

(Obtain Credit for **ATTENDING** a Course of Continuing Education, for each course)

<b>Name of the Program:</b>
<b>Name of the Sponsor of the Program:</b>
<b>Biographical Information:</b> 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:
<b>Dates and Location of Program:</b> (i.e., June 4, 2007 – June 8, 2007) (include street address, city, state and zip code)
<b>Course Objectives of the Program:</b>
<b>Continuing Education hours awarded:</b>
<b>Summary of Information:</b> 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:
<b>* 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</b>

**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: \_\_\_\_\_