



**Nevada State Board of Massage Therapy**

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Continuing Education Form

To obtain Credit for **GIVING** a Presentation

To become a NSBMT Provider of Continuing Education for the below course. (1 course per page)

Title of the presentation:	
The name of the sponsor of the presentation:	
Location of the presentation:	
Number of hour of the presentation:	
The Source of the information conveyed in the presentation: (attach additional sheets of paper if necessary)	
The Inclusive dates of the presentation:	
Attach a list of persons attending the presentation:	
Attach syllabus or class outline for the program or course.	
Attach original draft of the certificate of completion what will be distributed to participants upon completion of the course.	
Attach a summary of the presentation and the information that the person who attended the presentation was expected to learn:	
Attach Biographical information:	
Attach a statement of the Course objectives of the presentation:	

**\*Please attach additional sheets of paper if necessary.**

**Giving a Presentation** - You will be notified in writing if your request needs to be approved at a Board Meeting under a Continuing Education Review. **NSBMT Provider** - You will be notified in writing of your CEH # or Notice to appear before the Board for approval/denial.

Name : \_\_\_\_\_ License Number: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_