



Nevada State Board of Massage Therapy

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Miscellaneous Continuing Education Form

(Credit for a course of telecommunication or Internet study)

Description of the subject matter studied, the training received or the educational activity performed. *		
A statement of the course objective of the program *		
Schedule of the time spent studying, training or performing *		
Brief summary of the manner in which the course or activity relates to massage therapy. *		
Contact information of the Provider:	Name:	
	Address:	
	Contact Number	
* 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, NCBTM, 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: _____