



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.
- The course you attended is not related to the practice of massage therapy of the human body.
- 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.