



## Nevada State Board of Massage Therapy

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### NSBMT Continuing Education Provider Application

This form must be completed if:

- Your course is not approved by ABMP, AMTA, FSMTB, NCBTMB, NCCA or provided by a massage therapy school, bodywork therapy school, public college, postsecondary institution or any other entity which offers a program of massage therapy that is recognized by the Board pursuant to NRS 640C.580.

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

Applicant Email Address: \_\_\_\_\_ Applicant Phone Number: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
\_\_\_\_\_

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 will be 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 a **syllabus and course outline** for your program.

Provide an original draft of the course's **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.