



**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](mailto:nvmassagebd@lmt.nv.gov)

Website: <http://massagetherapy.nv.gov>

Continuing Education

- Presented or presenting a Course/Class  Online Course  
 Attended or attending a LIVE Course/Class (In person)  Board Meeting

Name of Course (1 course per page): \_\_\_\_\_

Name of Sponsor or Presenter: \_\_\_\_\_

Location of course: \_\_\_\_\_

Date(s) of course: \_\_\_\_\_

Number of hours: \_\_\_\_\_

**Summary of Information:**

Provide a brief description of the information that was presented in this course and how this information applies to your massage therapy, reflexology, or structural integration practice. Please attach additional sheets of paper if necessary:

**Biographical Information:**

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:

**Course Objectives of the Program:**

Please attach additional sheets of paper if necessary:

- Attach a certificate of completion  
 Attach a draft certificate of completion (ONLY - if presenting a course)

**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 ABMT, 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.

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.

Name : \_\_\_\_\_ Email address : \_\_\_\_\_

License Number: \_\_\_\_\_ Phone: \_\_\_\_\_



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To become an NSBMT Provider of Continuing Education

Name of Course (1 course per page): \_\_\_\_\_

Name of Sponsor or Presenter: \_\_\_\_\_

Location of course: \_\_\_\_\_

Date(s) of course: \_\_\_\_\_

Number of hours: \_\_\_\_\_

**Summary of Information:**

Provide a brief description 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. Please attach additional sheets of paper if necessary:

**Biographical Information:**

Provide detailed information on the instructor - where they are licensed, what credentials they hold, their educational background, and their qualifications to teach this course. Please attach additional sheets of paper if necessary:

**Course Objectives of the Program:**

Please attach additional sheets of paper if necessary:

Attach syllabus including course outline and objectives

Attach a certificate of completion

**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 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.

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License Number: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_