

APPLICATION TO CONDUCT AN EDUCATION CONFERENCE

1. \$65.00 Application fee is required per 49 Pa.Code § 20.3(a)- check or money order payable to "Commonwealth of PA" - Fee is non-refundable.
2. Must be submitted for approval **AT LEAST 90 DAYS PRIOR** to the scheduled date of the conference.
3. NO practice management courses will be considered.
4. A continuing education presenter information form and resume.
5. A sample of the **Certificates of Completion** to be issued to each attendee. The sample must contain the name of the provider, title of course, date of course, and spaces for inclusion of the name of the attendee, the number of hours completed, signature of person verifying completion and a space entitled "PA Board Approval Number: _____" (This notation is not required of the pre-approved providers). The Board approval number will be sent by the Board with the approval notification.

APPLICANT IS (CHECK ONE): () SPONSORING AGENCY () INDIVIDUAL INSTRUCTOR

APPLICANT'S NAME (Agency; Organization; Institution; Center)

ADDRESS _____

Street

City

State

Zip Code

CONTACT PERSON'S NAME _____

TELEPHONE w/AREA CODE _____

TITLE OF CONFERENCE _____

OBJECTIVES OF CONFERENCE _____

CHECK ONE: Are any hours being requested for ethics? _____ YES _____ NO – If yes, how many hours? _____

PROGRAM SCHEDULE- Exact breakdown of courses, hours related to ethics and total hours requested. (Attach detailed time schedule, hour by hour of subject matter.)

DATE AND LOCATIONS OFFERED (include City and State)

METHODS OF INSTRUCTION: (Lecture, group dynamics, audiovisual aids, etc.)

DESCRIBE THE METHOD TO BE USED TO MONITOR ATTENDANCE AND SATISFACTORY COMPLETION OF THE COURSE.

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa.C.S. Section 3911.

Signature of Applicant/Contact Person

Date Submitted

STATE BOARD OF MASSAGE THERAPY
PO BOX 2649
HARRISBURG PA 17105-2649
717-783-7155

STATE BOARD OF MASSAGE THERAPY
CONTINUING EDUCATION PRESENTER INFORMATION FORM

1. To be submitted with application.
2. To be printed or typed only.
3. Provide professional background and expertise of each presenter.

1. NAME OF FACULTY/PRESENTER _____

2. ADDRESS _____

Street

City

State

Zip Code

3. TELEPHONE NUMBER _____

4. EDUCATION _____

5. SPECIFY PROFESSIONAL QUALIFICATIONS (Please attach resume) _____
