

# STATE BOARD OF MASSAGE THERAPY

P.O. Box 2649

Harrisburg, PA 17105-2649

## Courier address:

PA Dept of State, Bureau of Professional  
and Occupational Affairs  
Attn: State Board of Massage Therapy  
2 Technology Park Harrisburg, PA  
17110-2919

Telephone: 717-783-7155

Fax: 717-787-7769

Website: [www.dos.pa.gov/massagetherapy](http://www.dos.pa.gov/massagetherapy)

Email: [ra-massagetherapy@pa.gov](mailto:ra-massagetherapy@pa.gov)

## APPLICATION FOR INDIVIDUAL APPROVAL OF MASSAGE THERAPY CONTINUING EDUCATION COURSE

You **DO NOT** need to submit an application for further approval if you are a preapproved provider. Continuing education courses offered by preapproved providers will be accepted provided the course offered is designed to advance the licensee's professional knowledge and skills related to the practice of massage therapy. The Board reserves the right to reject a continuing education course if the course is outside the scope of practice of massage therapy as defined in the act.

The following continuing education providers are approved to offer creditable continuing education provided they comply with §20.33 (a), (c) and (d) of the Board's regulations:

1. Schools of massage therapy in this Commonwealth operating under section 5(a)(3) of the act (63 P.S. § 627.5(a)(3)).
2. Schools of massage therapy approved by the Board or accredited by a National accrediting agency recognized by the United States Department of Education.
3. The American Massage Therapy Association and its state chapters.
4. NCBTMB-approved providers.
5. Associated Bodywork and Massage Professionals.

### STANDARDS FOR COURSES AND PROGRAMS:

- Continuing education must be designed to advance the licensee's professional knowledge and skills related to the practice of massage therapy as defined in Section 2 of the Act (63 P.S. § 627.2). **No credit will be given for courses in office management or practice building.**
- Continuing education must meet the requirements for Board approval set forth in the regulations at §20.32 and §20.33 of the Board's regulations.
- One (1) hour of continuing education equals a 50 to 60 minute period of instruction related to the practice of massage therapy.
- Contact hours must be in the physical presence of an instructor or supervisor.
- Approval is valid only for the applicant for the current biennial renewal period.

NOTE: Licensees shall complete a minimum of 24 hours of continuing education in each biennial renewal period. A minimum of 16 hours out of the 24 continuing education shall be earned through contact hours, a minimum of 4 hours of out of the 24 continuing education in professional ethics, and minimum of 2 hours out of the 24 of Act 31 Mandated Child Abuse Reporter Training.

### INSTRUCTIONS:

1. The application must be submitted no later than 90 days before the end of the biennial renewal period.
2. The application must be **typed or printed legibly only**. All questions must be answered completely or the application may be denied.
3. FEE: \$100.00 check or money order payable to "Commonwealth of PA". The fee is not refundable. A processing fee will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.
4. Submit a copy of the course outline, detailed course description, course catalog or brochure.
5. Submit a copy of the certificate of completion.

**IT IS YOUR RESPONSIBILITY TO MAINTAIN A COPY OF THIS APPLICATION AND ALL DOCUMENTS SUBMITTED TO THE BOARD OR RECEIVED FROM THE BOARD FOR YOUR FUTURE REFERENCE.**

**APPLICATION FOR INDIVIDUAL APPROVAL OF MASSAGE THERAPY CONTINUING EDUCATION COURSE**

**Applicant Information:**

Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) \_\_\_\_\_

Telephone number \_\_\_\_\_

Email address \_\_\_\_\_

**Course Information:**

Name of Sponsor/Provider: \_\_\_\_\_

Sponsor/Provider Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Title of Course: \_\_\_\_\_

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

Location of Course: \_\_\_\_\_

Name(s) of Instructor(s): \_\_\_\_\_

Instructor(s) Qualifications: \_\_\_\_\_

Hours: \_\_\_\_\_

Course is administered via  
(Check applicable)→

In-person instructor /speaker

Correspondence (written material)

Individual study (includes online)

Describe the specific learning objectives for courses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. 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. §4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL BOARD USE ONLY**

Application Number: \_\_\_\_\_

Board member reviewing: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Date: \_\_\_\_\_

Reason(s) for disapproval: \_\_\_\_\_  
\_\_\_\_\_