

IDAHO STATE BOARD OF MASSAGE THERAPY
Idaho Division of Occupational and Professional Licenses
700 West State Street, PO Box 83720
Boise, Idaho 83720-0063
Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>
E-mail: mas@dopl.idaho.gov

CONTINUING EDUCATION APPROVAL APPLICATION

This is a “request of approval” application for continuing education offerings not otherwise approved by the Board. ***It must be completed in its entirety. All requested information and attachments must accompany the application before it will be reviewed by the Board.*** Applications must be received well before the offering date to allow the Board adequate time to review the materials. Check the applicable Board Laws and Rules for applicable deadlines. The Board may deny credit for any course or part of any course that does not meet the requirements of Idaho Law or Rule. Please review the requirements before submitting your request. Please keep a copy of your materials. **Original materials submitted will not be returned.**

If additional space is needed, add separate pages and note the corresponding item number on your response.

1. Name of Course, Workshop, or Seminar: _____

2. Relevant Profession(s) Targeted: _____

3. Applicant Contact Information:

Name: _____ Phone: _____

E-mail: _____ Fax: _____

Address: _____
Street/PO Box City State Zip

4. Fee to be charged: \$_____ Fee includes: _____

5. What best identifies the educational experience?

Lecture Conference Forum Workshop Home Study Distance Learning

Other: _____

6. Provide the name of attendance officer, the method of certifying/assuring attendance, and who maintains original attendance records for verification? _____

Attach a copy of the attendance certificate that will be provided to each attendee upon completion of the training. (The licensee is required to maintain proof of attendance.)

7. Is an examination part of the course? () Yes () No
If Yes, please attach the examination, or a description of the examination process.

8. Student Course evaluation forms ***must*** be provided to all students.

Please provide a copy of the evaluation form - () Mandatory/Yes
Student course evaluation forms must be kept on file for the duration of the approved status of the course. These forms must be provided anytime requested by the Board, and upon each renewal of a course.

9. Has this course been approved for continuing education credit by any local, state, or national entity?
 Yes No

If Yes, enter name of approving entity(ies) and attach a copy of the approval document(s):

10. Attach a copy of all training materials and a list of any equipment to be used.
11. Are any promotional materials or advertisements being used? Yes No
 If Yes, attach one copy of each. (Final drafts are acceptable.)
12. Does this course either promote a product or apparatus or offer a product or apparatus to those attending?
 Yes No

If Yes, attach an explanation and picture of the product or apparatus.

Such a product or apparatus must be disclosed in any promotional or advertising materials.

COURSE ADDENDUM

13. Please list all instructors for this course. An agenda must be submitted that applies to this course. If different agendas will be used by each Instructor of this course, those agenda's must be provided. Please submit each instructor's resume.

Instructor Name	Course Title	CEU's/Hours Credited
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If you need additional space for more courses, please attach a separate listing of the requested information.)

14. Complete the following Course Program Agenda by listing the exact hours per day each course is scheduled to run and the content of each hour. Show hours in full hours or by 15-minute increments.

Hour Content of education (lecture, discussion, questions/answers, hands-on practice, etc.)

Examples:

8:00 Discussion of the theory of the modality

9:00 Review of the anatomy and kinesiology of the muscles of the neck

____:____ _____

____:____ _____

____:____ _____

____:____ _____

_____ : _____

_____ : _____

_____ : _____

_____ : _____

_____ : _____

_____ : _____

_____ : _____

_____ : _____

(If you need additional space for more hours, please attach a separate listing of the requested information.)

15. Upon completion, this application must be **printed in hard copy, signed, and notarized**. Submit the completed application together with all of the requested supporting documentation to the Division of Occupational and Professional Licenses at the address noted.

CONTINUING EDUCATION APPROVAL APPLICATION AFFIDAVIT

I hereby certify that all information listed on this application and on the attached materials is true and correct; that the proposed training is described accurately and completely; and that nothing has been omitted. I understand that the Board may request additional information and may delay or deny this application should requested information not be received.

Printed Name: _____ Title _____

Signature: _____

CHECKLIST FOR ATTACHMENTS

Please keep a copy of your materials. Original materials submitted will not be returned.

- _____ Copy of the certificate issued upon completion of the training
- _____ Copy of a description of the examination process (if applicable)
- _____ Copy of the course evaluation form (if applicable)
- _____ Copy of approval document(s) from other local, state, or national entities (if applicable)
- _____ Copy of all training materials
- _____ List of equipment to be used
- _____ Copy of any promotional materials or advertisements being used
- _____ Explanation and picture of product or apparatus promoted (if applicable)
- _____ Resume listing the instructor's credentials, affiliations, and qualifications for teaching the course (An instructor resume and course agenda must be submitted for this course)
- _____ Course agenda (by the hour)