

**DELAWARE BOARD OF MASSAGE AND BODYWORK
APPLICATION FOR APPROVAL OF CONTINUING EDUCATION**

Rules on continuing education are in Section 7.0 of the Board's Rules and Regulations. Rules may be viewed at www.dpr.delaware.gov

APPLICANT INFORMATION

Name of person submitting application if not sponsor/contact person below: _____

Delaware massage license/certification number: _____

PROVIDER/SPONSOR INFORMATION

Sponsored by: _____

Name of contact person: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Name of person(s) authorized to sign course completion certificates: _____

PROGRAM INFORMATION

Program title: _____

Program location: _____

Program date(s): _____

Program objectives: _____

Program presenter(s): _____

Is provider NCBTMB-approved? _____

Contact hours requested (excluding breaks): _____ Category (rule 7.3.1 or rule 7.3.2): _____

Attach syllabus showing course objectives, detailed agenda showing time for each topic and names and resume(s) of presenters (rule 7.4.1).

Mail or fax this application and supporting documentation to:

**Board of Massage and Bodywork
Cannon Building, Suite 203
861 Silver Lake Blvd.,
Dover DE 19904
fax (302) 739-2711**

BOARD DECISION

Approved for _____ hrs. of continuing education credit in the _____ category.

Date of Board meeting _____

Signed: _____, Administrative