



# South Dakota Board of Massage Therapy

1103 Park Hill Drive, Rapid City, SD 57701  
Phone: 605-858-1708 Fax: 605-653-3879

E-mail: [sdbomt@gmail.com](mailto:sdbomt@gmail.com) website: [doh.sd.gov/boards/Massage/](http://doh.sd.gov/boards/Massage/)

## VERIFICATION OF EDUCATION FORM

*Verification of Education Form must be completed by the School President or Program Director and submitted with official transcripts directly to the SD Board of Massage Therapy.*

### APPLICANT/STUDENT

Name: \_\_\_\_\_  
First Middle Last

### SCHOOL

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Qualifications - **Check one and provide official proof**

The school listed above meets one of the following criteria (**check one and provide official proof**):

Licensed or approved by the State Board of Massage Therapy where that training facility is located:

**OR**

Nationally Accredited by one of the following (**check one and provide official proof**)

- Commission on Massage Therapy Accreditation (COMTA)
- Accrediting Council for Independent Colleges and Schools (ACICS)
- National Accrediting Commission of Career Arts & Sciences (NACCAS)
- Accrediting Council for Continuing Education and Training (ACCET)
- Accrediting Commission of Career Schools and Colleges (ACCSCT)
- Accrediting Commission of the Distance Education and Training Council (DETC)
- Higher Learning Commission (HLC)
- Accrediting Bureau of Health Education Schools (ABHES)
- Other: \_\_\_\_\_

4. Date of Admission: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ Credential Award: \_\_\_\_\_

Subject ( <i>In-class instructor supervised coursework</i> )	Hours of Classroom Instruction (1 credit = 10 hrs of classroom instruction)	
Human Anatomy, Physiology, and Kinesiology (to include all 11 systems of the human body) • Minimum of 125 hours required		
Clinical Pathology and recognition of various conditions • Minimum of 40 hours required		
Massage/Bodywork Theory, Assessment and Application • Minimum of 200 hours required		
Training in an area or related field that theoretically complete the massage program • Minimum of 125 hours required		
Business Practices and Professionalism • Minimum of 10 hours total required (to include 6 clock hours of ethics)		# Ethics Hours
Other:		
	<b>Total Hours</b>	

Applicant/Student Name: \_\_\_\_\_

Verification must be made by the School President or Program Director. The completed Verification of Education Form can be sent directly to the South Dakota Board of Massage Therapy at 1103 Park Hill Drive, Rapid City, SD 57701 or provided to the Student/Applicant **in a sealed envelope along with official transcripts.**

**To be signed in the presence of a Notary Public**

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE STATEMENT OF THE RECORD OF THE INDIVIDUAL NAMED ON THIS FORM.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title /Position: \_\_\_\_\_

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

State of \_\_\_\_\_ )  
 ) SS  
County of \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, the above \_\_\_\_\_ personally appeared, known to me or satisfactorily proven to be the same person whose name is subscribed to the written instrument, and acknowledged that she/he executed the same for the purposes therein contained. In witness whereof, I have hereunto set my hand and official seal.

(SEAL) \_\_\_\_\_, Notary Public  
Notary Printed Name \_\_\_\_\_  
My Commission Expires \_\_\_\_\_