



SOUTH DAKOTA BOARD OF PHYSICAL THERAPY

Dry Needling Approval Request

Please return the below items to office@sdlicensing.com, using subject line "Dry Needling Approval Request."

1. A completed Dry Needling Approval Request Form (remember to SAVE your entries to a file before attaching to your email)
2. Course documents detailing course activities and objectives as well as sponsoring organization and/or education provider information
3. Proof of course completion (with number of continuing education hours or equivalent CEUs)

Today's Date:

Requestor (Licensee) Name:

Requestor (Licensee) Email Address:

Requestor (Licensee) Direct Phone Number:

Name of Organization Providing Training:

Date Training was Completed:
