



South Dakota Board of Massage Therapy

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E-mail: sdbomt@gmail.com

website: doh.sd.gov/boards/Massage/

Continuing Education Course Pre-Approval Request Form

Please complete this form if you are seeking to obtain pre-approval of a CE course. **Please submit this form at least 15 business days prior to the course date to allow for processing.** If approved, you may advertise the course as approved continuing education for purposes of renewal requirements. Completion certificate should contain the course approval number provided upon approval.

You may fax, email or mail in this request with the pertinent information listed below.

Curriculum Vitae or resume of speaker and
detailed course outline must be submitted with this form.

Date Requested: _____ Date of Course: _____

Name of Person Requesting Approval: _____

SD Massage License # _____ (if applicable)

Phone: _____ Email: _____

Course Length: _____ hours A contact hour is a minimum of 50 minutes
(ARSD 20:76:03:01)

Title of Course: _____

Speaker: _____

NCBTMB Provider # _____ AMMA Provider # _____
(if applicable) (if applicable)

Location: _____

NOTE: You are not required to be a licensed massage therapist to provide continuing education. The Board generally recognizes continuing education from providers recognized by the National Certification Board for Therapeutic Massage and Bodywork and/or the American Medical Massage Association.

In order to qualify as accepted continuing education, the course must have a clear purpose and objective which maintains, improves, or expands the skills and knowledge relevant to massage therapy of the human body. (ARSD 20:76:03:04)

For Office Use Only:

Approved: Date: _____ By: _____ Hours: _____

Course Approval Number: _____