



South Dakota Board of Massage Therapy

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Continuing Education Course Approval Request Form for a previously held pre-approved course

Please complete this form if you are seeking to obtain approval of a CE course that was held in the past AND has been pre-approved for future course dates.

Provide a copy of the approved Continuing Education Course Pre-Approval Request Form referred to below.

This request is only valid for courses held during
the current continuing education cycle.

Date Requested: _____ Date of Course: _____

Name of Person/Business Requesting Approval: _____

Email: _____ Phone: _____

Course Approval Number: _____

Course Approval Date: _____

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

Title of Course: _____

Speaker(s) _____

Location: _____

I certify that the pre-approved course listed above was also taught on the date(s) listed above:

Signature

Printed Name:

For Office Use Only:

Approved: Date: _____ By: _____ Hours: _____

Course Approval Number: _____