

Applicant/Student Name: _____

Subject (1 credit = 10 hours of instructions)	In Class instructor supervised coursework	Instructor supervised hands on coursework	Total Hours of Instruction
Human Anatomy, Physiology, and Kinesiology (to include all 11 systems of the human body) <ul style="list-style-type: none"> • Minimum of 125 hours required 			
Clinical Pathology and recognition of various conditions <ul style="list-style-type: none"> • Minimum of 40 hours required 			
Massage/Bodywork Theory, Assessment and Application <ul style="list-style-type: none"> • Minimum of 200 hours required 			
Training in an area or related field that theoretically complete the massage program <ul style="list-style-type: none"> • Minimum of 125 hours required 			
Business Practices and Professionalism <ul style="list-style-type: none"> • Business Practices and Professionalism including Ethics - Minimum of 10 hours 			
Ethics <ul style="list-style-type: none"> • Minimum of 6 hours required 			
Other:			
Total Hours			
		Minimum of 200 hours required	Minimum of 500 hours required

Applicant/Student Name: _____

Verification must be made by the School President or Program Director. The completed Verification of Education Form must be sent directly to the South Dakota Board of Massage Therapy at 1103 Park Hill Drive, Rapid City, SD 57701

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: _____

E-mail: _____

State of _____)
County of _____) SS

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 _____