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 (provide official proof):

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: ____________________________
<table>
<thead>
<tr>
<th>Subject</th>
<th>In Class instructor supervised coursework</th>
<th>Instructor supervised hands-on coursework (see #1 below)</th>
<th>Total Hours of Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Anatomy, Physiology, and Kinesiology (to include all 11 systems of the human body)</td>
<td></td>
<td>+</td>
<td>=</td>
</tr>
<tr>
<td>• Minimum of 125 hours required</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Pathology and recognition of various conditions</td>
<td></td>
<td>+</td>
<td>=</td>
</tr>
<tr>
<td>• Minimum of 40 hours required</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Massage/Bodywork Theory, Assessment and Application</td>
<td></td>
<td>+</td>
<td>=</td>
</tr>
<tr>
<td>• Minimum of 200 hours required</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training in an area or related field that theoretically complete the massage program</td>
<td></td>
<td>+</td>
<td>=</td>
</tr>
<tr>
<td>• Minimum of 125 hours required</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business Practices and Professionalism</td>
<td></td>
<td>+</td>
<td>=</td>
</tr>
<tr>
<td>• Minimum of 4 hours required</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethics</td>
<td></td>
<td>+</td>
<td>=</td>
</tr>
<tr>
<td>• Minimum of 6 hours required</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>+</td>
<td>=</td>
</tr>
<tr>
<td>Total Hours</td>
<td></td>
<td></td>
<td>Minimum of 200 hours required</td>
</tr>
</tbody>
</table>

**#1** Instructor supervised hands-on coursework – Learning by doing massage coursework. Must be in person.

*For Office Use Only: Directly from school? Yes No Date Received: ____________________ By ________________ Page 2 of 3 BMT Verification of Education Form Revised 6/01/2021*
Applicant/Student Name:

Verification must be made by the School President or Program Director.

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 ________________________________

The completed Verification of Education Form, official transcripts and official proof of qualifications must be sent directly to the South Dakota Board of Massage Therapy.

South Dakota Board of Massage Therapy
500 E Capitol Ave, Pierre, SD  57501

For Office Use Only: Directly from school? Yes No Date Received: ____________________ By ____________________
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