



South Dakota Board of Massage Therapy

1601 N Harrison Ave Ste 6 • Pierre SD 57501

Phone: 605-295-8590

E-mail: kate.boyd@state.sd.us website: doh.sd.gov/boards/Massage/

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: _____

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

Applicant/Student Name: _____

Subject (1 credit = 10 hours of instructions)	In Class instructor supervised coursework		Instructor supervised hands-on coursework (see #1 below)		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"> • Minimum of 4 hours required 		+		=	
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

#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 _____
 Revised 02/12/2024

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 _____)
) SS
County of _____)

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.

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