



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) • Minimum of 125 hours required		+		=	
Clinical Pathology and recognition of various conditions • Minimum of 40 hours required		+		=	
Massage/Bodywork Theory, Assessment and Application • Minimum of 200 hours required		+		=	
Training in an area or related field that theoretically completes the massage program • Minimum of 125 hours required		+		=	
Business Practices and Professionalism • Minimum of 4 hours required		+		=	
Ethics • Minimum of 6 hours required		+		=	
Other:		+		=	
<b>Total Hours</b>		+		=	

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.**

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 via email or US Mail.

Email: [kate.boyd@state.sd.us](mailto:kate.boyd@state.sd.us)

South Dakota Board of Massage Therapy  
1601 N Harrison Ave Ste 6  
Pierre SD 57501