



## KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY

P.O. Box 1360, Frankfort, KY 40602 ~ 500 Mero Street 2SC32, Frankfort, KY 40601

Ph: (502) 782-8810 – Fax: (502) 564-4818 – <https://bmt.ky.gov>

### CONTINUING EDUCATIONAL APPROVAL FORM

The Kentucky State Board of Licensure for Massage Therapy and its Continuing Education Committee will use the following criteria in approving any program for continuing education credit. Please be sure that all of these criteria are addressed in your application form or its attachments. The program sponsor shall send a program syllabus, sample evaluation form, program outline, vitae of presenters, and a copy of the certificate for participants with the application form.

- The CE hours applicable to the renewal of a license shall be directly related to the professional growth and development of massage therapy practitioners.
- The program must have a clearly stated purpose and defined content area consistent with the overall goals of continuing education; namely, improvement of professional competency, acquisition of new skills and knowledge, and strengthening habits of critical inquiry and balanced judgment.
- The presenters must be professionals qualified in the defined content area.
- The program's time must be clearly stated in number of hours of attendance.
- The number of hours requested for approval must be indicated on the form.
- Attendance must be recorded by the program sponsor.
- Documentation of completion must be provided to the participant.
- Participants must be required to complete an evaluation of the program.

### INSTRUCTIONS

The completed form may be submitted to the Kentucky Board of Licensure for Massage Therapy either by mail to P.O. Box 1360, Frankfort, Kentucky 40602 or by delivery to 500 Mero Street 2SC32, Frankfort, KY 40601.

**KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY  
CONTINUING EDUCATION PROGRAM APPLICATION**

Sponsor Name and Address: \_\_\_\_\_

Title of Program: \_\_\_\_\_

Instructor(s): \_\_\_\_\_

Location of Program Offering: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Educational Objectives, which pertain to subject matters that are integrally related to the practice of massage therapy: Briefly describe ways that your program will contribute to one or more of the following definitions of "continuing education": a) improvement of the licensee's professional knowledge; b) acquisition of new skills and knowledge that will help maintain competence; or c) strengthening of the habits of critical inquiry and balanced judgment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the specific educational objectives of your program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Content, Activities, and Materials: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Evaluation Procedures: (Attach copy of evaluation form to be used) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Intended Audience: \_\_\_\_\_

Intended Number of Participants: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR BOARD USE ONLY**

Approved     Denied

Date: \_\_\_\_\_

By: \_\_\_\_\_

No. of Hours: \_\_\_\_\_

Reason if Denied: \_\_\_\_\_