



KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY

P.O. Box 1360, Frankfort, KY [Kentucky] 40602 ~ 500 Mero Street 2SC32 [911 Leawood-Drive], Frankfort, KY [Kentucky] 40601 Ph: (502) 782-8810 – Fax: (502) 564-4818 [(502) 564-3296 Extension 240] ~

<https://bmt.ky.gov/> [<http://finance.ky.gov/bmt/>]

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

~~1. This application is to be used with Microsoft Word.~~

~~2. Press the TAB key to skip to the next field.~~

~~3.]~~ 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 [911-

Leewood Drive], Frankfort, KY[Kentucky] 40601.

June 2021

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**KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY
COMMONWEALTH OF KENTUCKY
PO BOX 1360
FRANKFORT, KY 40602**

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: _____



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