



NEW MEXICO
REGULATION &
LICENSING DEPARTMENT

MICHELLE LUJAN GRISHAM, GOVERNOR
Linda M. Trujillo, Superintendent
John Blair, Deputy Superintendent

Massage Therapy Board

CE course Application

Please complete the application in its entirety, this application must be legible; either printed in black ink or typed, and must be accompanied by the required fee of \$50.00.

INSTRUCTOR INFORMATION

Name:		Phone #	
Mailing Address:			
City:	State:	Zip:	
Proof of completion of a minimum of 2 years' experience in the area of instructional experience of professional teaching, or workshop instruction is required. Attach supporting documentation verifying the information provided below.			
NAME OF SCHOOL/PROFESSIONAL LOCATION WHERE THE TRAINING WAS PROVIDED		PHONE () -	
<i>MAILING ADDRESS - No. & Street/P. O. Box</i>			
CITY	STATE	ZIP CODE -	
NAME OF PERSON WHO CAN VERIFY THE TRAINING YOU PROVIDED		TITLE	
NAME OF SUBJECT TAUGHT	DATE(S) OF TRAINING / / / /	to	HOURS TAUGHT
The applicant must complete this section. All boxes must be checked confirming that you are aware of the following. As an applicant for Continuing Education Course Approval I am aware that:			
<input type="checkbox"/>	The application review process averages approximately 30 days after receipt by the Board office.		
<input type="checkbox"/>	It is my responsibility to prove that I meet the minimum requirements for other continuing education courses.		
<input type="checkbox"/>	The Board cannot waive any of the requirements.		
<input type="checkbox"/>	I can only provide massage therapy instruction within the course approved by Massage Therapy Board.		
<input type="checkbox"/>	All fees paid to the Massage Therapy Board are non-refundable, even if I withdraw my application.		
<input type="checkbox"/>	I am not to provide massage therapy Continuing education until I receive approval from the New Mexico Massage Therapy Board		



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COURSE(S) INFORMATION

Course Name:		
Number of Hours:	Location:	Date(s):
Contact Person:		Contact Phone #:
Course Name:		
Number of Hours:	Location:	Date(s):
Contact Person:		Contact Phone #:
Course Name:		
Number of Hours:	Location:	Date(s):
Contact Person:		Contact Phone #:

RESUME The resume must be comprehensive and include the following information

<input type="checkbox"/>	ALL MASSAGE THERAPY EDUCATION
<input type="checkbox"/>	Any other certifications related to teaching massage therapy
<input type="checkbox"/>	Any professional organization memberships
<input type="checkbox"/>	Any teaching certifications and approved provider numbers with expiration dates from a professional organization
All licenses and registrations held pertaining to the field of massage therapy and massage therapy education, including the following for each one:	
<input type="checkbox"/>	The state which the license or registration was issued
<input type="checkbox"/>	The license or registration number
<input type="checkbox"/>	The date Issued
<input type="checkbox"/>	The status of the license or registration (Example: active, inactive, expired)



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1. The information outlined in this Section is to be provided for EACH course.	
2. EACH course must be broken down on a separate page(s).	
3. All boxes must be checked, and all boxes must have the supporting documentation/information requested.	
4. The following minimum information must be provided for each course:	
<input type="checkbox"/>	Name of course
<input type="checkbox"/>	Detailed description of topics covered in the course
<input type="checkbox"/>	Goals and objectives for the course
<input type="checkbox"/>	Required prerequisites
<input type="checkbox"/>	Total number continuing education hours to be granted
<input type="checkbox"/>	Time line and detailed breakdown of course, including minutes taught per hour, and breaks
<input type="checkbox"/>	Provisions for make-up work, if any.
<input type="checkbox"/>	Required text and reading list.
<input type="checkbox"/>	Instructional materials to be used
<input type="checkbox"/>	Student handouts.
<input type="checkbox"/>	Requirement for successful completion
<input type="checkbox"/>	Method of evaluation.

APPLICANT'S ATTESTATION

I acknowledge receiving and reading the Massage Therapy Rules and Regulations and the Massage Therapy Practice Act (received either directly from the Board office or downloaded from the Board's Website from the RULES AND LAW link) and represent and agree to comply with these laws should I be granted the license applied.

Under penalties of perjury, I declare and affirm that the statements made in the forgoing application, including notarized documentation, are true, complete, and correct. I understand that



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any false or misleading information in or in connection with, my application may be cause for denial or loss of licensure.

This is to certify that, upon approval this course, I will teach within the curriculum/course outline submitted to and approved by the New Mexico Massage Therapy Board.

SIGNATURE (Sign before a Notary Public)	DATE / /
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State of: _____
 County of: _____

Before me on this _____ day of _____, 20 _____, personally appeared the above named applicant who being by me duly sworn upon oath says that all the acts, statements and answers contained in this application are true and correct.

Notary: _____
 Expiration Date: _____
 (SEAL)

For Office Use Only:

Reviewed By:	Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
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