

Arkansas Department of Health
 Massage Therapy Section
 4815 West Markham, Slot #8
 Little Rock, AR 72205
 Phone: (501) 683-1448
 Fax: (501) 682-5640

**Continuing Education (CE) Provider Application and
 Request for Department of Health Course Approval/Code**

**NOTE: ONLY MAIL ONE COPY OF APPLICATION and a \$40.00 Non-Refundable
 Application Fee to above address. All other information for application must be
 emailed to adh.massage@arkansas.gov.**

CE Program Title		<i>Type or Print Legibly</i>
Title		Credit Hours

CE Course Provider Information

Name	Title	Social Security Number	
Mailing Address	Suite/Apt	License Type	License Number
City	State	Zip	County
Home Phone	Work Phone or Alternate Phone		Email Address

Attendance/Recordkeeping Contact

Name	Phone
Mailing Address	Suite/Apt
City	State Zip County

Provider's Personal References (Do not include relatives)

Name	Occupation/Job Title	Years Known
Address	Suite/Apt	Home Phone
City	State Zip	Work Phone
Name	Occupation/Job Title	Years Known
Address	Suite/Apt	Home Phone
City	State Zip	Work Phone
Name	Occupation/Job Title	Years Known
Address	Suite/Apt	Home Phone
City	State Zip	Work Phone

Signature _____ **Date** _____

PLEASE EMAIL THE FOLLOWING TO ADH.MASSAGE@ARKANSAS.GOV

1. **Provider's Massage Related Education Background**

Include school name, school address, phone number, directors Name, enrollment date, and graduation date. A copy of current license, an official transcript and diploma from massage therapy institute/school.

2. **Provider's Specialized Massage Training/Education**

List all specialized training relevant to this proposed CE program including relevant CE classes, certification courses, and/or other related education training experiences. Attach photocopies of transcripts, diplomas, and certificates of completion for any coursework listed.

3. **Provider's Experience**

Attach all work-related positions held that identify relevant work experience in the subject matter of the proposed CE program. Specify job titles and detailed descriptions of job duties that demonstrate experience. Include employment dates, hours worked, and other relevant employment information. Include any previous experience teaching the subject of this program. If appropriate, include a resume with the teaching experience.

4. **CE Program's Subject Matter**

Provide a detailed outline of the course curriculum. Attach the proposed course syllabus, informational materials, detailed written procedural instructions including known contraindications, a listing of textual references or works cited, and any other informational and/or instructional handouts, brochures, pamphlets, illustrations, figures, charts, graphs, tables, etc. If a course workbook is provided to students, include the entire course workbook within the application packet. If using PowerPoint presentations, include a hardcopy of each slide. Include photocopies of any advertisements.

5. **CE Program's Learning Objectives**

Describe the behavioral terms the students' attainable learning objectives that can be evaluated and are relevant to massage therapy.

6. **CE Program's Teaching Methodologies**

Attach teaching methodologies for instruction of adult learners in this proposed CE program, such as lecture, PowerPoint presentation, demonstration, hands-on training, etc.