

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: MAIL TWO COPIES OF COMPLETE APPLICATION TO INCLUDE ALL
 REQUIRED DOCUMENTS (See on page three (3) of application) along with the \$40.00
 Non-Refundable Application Fee for all courses to above address.**

CE Program Title:

Title	Credit Hours
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CE Course Provider Information:

Name		Title		Social Security Number			
Mailing Address		Suite/Apt	City		State	Zip Code	County
License Type	License Number	Phone Number		Email Address			

Attendance/Recordkeeping Contact:

Name				Phone Number		
Mailing Address		Suite/Apt	City		State	Zip Code

Provider's Personal References: (Do not include relatives)

Name		Occupation/Job Title		Years Known		Phone Number	
Mailing Address		Suite/Apt	City		State	Zip Code	County
Name		Occupation/Job Title		Years Known		Phone Number	
Mailing Address		Suite/Apt	City		State	Zip Code	County
Name		Occupation/Job Title		Years Known		Phone Number	
Mailing Address		Suite/Apt	City		State	Zip Code	County

Printed Name	Signature	Date
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Provider's Massage Related Education Background:

School Name		Phone Number		
School Address	Suite	City	State	Zip Code
Director's Name	Enrollment Date		Graduation Date	

Attachments: *Copy of Current License
Official School Transcript
Diploma from Massage Therapy School*

Provider's Specialized Massage Training/Education: (List any additional on a separate page)

CE or Certification Class Name	Hours Credited
CE or Certification Class Name	Hours Credited
CE or Certification Class Name	Hours Credited
CE or Certification Class Name	Hours Credited

Attachments: *Photocopy of Certificate of Completion, Transcript, Diploma or other certifying document confirming satisfactory completion of coursework*

Provider's work-related experience relevant to the subject of the proposed CE class:

Employer	Job Title
Dates Employed	Average Weekly Hours
Job Description including relevant responsibilities and other employment information pertaining to the CE subject matter	
Employer	Job Title
Dates Employed	Average Weekly Hours
Job Description including relevant responsibilities and other employment information pertaining to the CE subject matter	

Attachments: *Resume of teaching experience (if appropriate)*

Required Documents list below:

CE Program's Subject Matter and Teaching Methodologies:

Mail a copy each of the following required documents, if utilized. Place a check if it is in your packet or N/A if "not applicable"

_____ Detailed outline of the course curriculum (mandatory, detailed course description)

_____ Course Syllabus (mandatory, summary or curriculum given to those attending)

_____ Informational materials, handouts, brochures, pamphlets, illustrations, charts, graphs, tables, etc.

_____ Course workbook or packet that is provided to students

_____ PowerPoint presentation hard copy of all slides

_____ Copy of any and all advertising related to the CE, including print, social media postings, brochures, business cards, etc.

_____ Reference List including all sources cited in the CE. This means all information, images, charts, graphs, etc. that are not original and created by you.

CE Program's Learning Objective(s):

A "learning objective" is a brief but well-defined description of what a student should learn from the CE course and includes a method of gauging the outcome. Examples include written exam, practical exam, observation, student participation in class, etc.

Learning Objective:

Method(s) of gauging outcome: