

Board of Massage Therapy
Request for Approval of Continuing Education for Pro Bono Services
For the Biennial Renewal Period of _____

Pursuant to Rule 64B7-28.009, in order to request up to 6 hours of continuing education credits for the performance of pro bono services, please provide the information requested below. You may attach additional information sheets if necessary. Services MUST be preapproved by the Board.

Please print or type

Name: _____

License Number: _____

Address: _____

E-mail: (Optional) _____ **Phone:** _____

Description of services to be offered

Organization/entity volunteering with: _____

Organization contact person: _____

Address _____

E-mail: (Optional) _____ **Phone:** _____

Number of CE hours requested (6 hour maximum): _____

Type, nature and extent of services to be provided: _____

Location where the services will be provided: _____

Number of patients/clients expected to be served: _____

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provide in s. 775.082 or s. 775.083, Florida Statutes.

Signature of Massage Therapist

Date

Signature of Organization/entity Representative

Date

Return by mail to: Board of Massage Therapy, ATTN: Pro Bono Services, 4052 Bald Cypress Way, Bin # C-06, Tallahassee, FL 32399-3256.