

Board of Massage Therapy

**Statement of Performance of Continuing Education Credits for Preapproved Pro Bono Services
for the Biennial Renewal Period of _____ Pursuant to Rule 64B7-28.009**

Please print or type

Name: _____

License Number: _____

Address: _____

E-mail: (Optional) _____

Phone: _____

Organization/entity volunteering with: _____

Organization contact person: _____

Address: _____

E-mail: (Optional) _____

Phone: _____

Number of preapproved CE hours provided (6 hour maximum): _____

ACTUAL number of hours provided: _____

Location where the services were provided: _____

Date(s) services provided: _____

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 provided in s. 775.082 or s. 775.083, Florida Statutes.

Signature

Date

***Please attach a copy of the Board approval letter.**

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