



**BOARD OF MASSAGE THERAPY
REQUEST FOR APPROVAL OF CONTINUING EDUCATION FOR PRO BONO SERVICES**

In order to **request** approval for up to 6 hours of continuing education credits for the performance of pro bono services, please provide the information requested below and return it to the Board of Massage Therapy, 4052 Bald Cypress Way, #C-06, Tallahassee, FL 32399-3256 attention Chelle Martin. You may also email the information to Chelle_martin@doh.state.fl.us. You may attach additional sheets if necessary. For your reference rule 64B7-28.0095, F.A.C. is attached.

General Information:

Name: _____

License Number: _____

Mailing Address: _____

Email Address AND Phone Number: _____

Description of Services to be Provided:

Organization/Entity Volunteering With: _____

Organization Contact Person Name: _____

Address: _____

Phone Number AND Email Address: _____

Number of CEU Hours Requested (6 hours maximum): _____

Type, Nature and Extent of Services to be Rendered: _____

Location Where the Services will be Provided: _____

Number of Patients Expected to be Served: _____

I attest that the patients to be served are indigent, underserved or in an area of critical need.

Signature

Date