CANNON BUILDING
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STATE OF DELAWARE

BOARD OF MASSAGE AND BODYWORK

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REQUEST FOR RENEWAL OF CONTINUING EDUCATION APPROVAL

INSTRUCTIONS

Course providers file this form to renew approval of courses whose content and length have **not** changed since they were approved for the previous license period. Renewal is required in order for courses to be added to the Board's *Approved Continuing Education* list for the next license period.   In order for a course to be listed continuously, you should file this form before the end of the license period for which they were previously approved. Note that, if the length or content of a previously-approved course has changed, you must re-apply for approval using the *Request for Approval of Continuing Education* form.

Submit form and fee of ***$30 per course*** by check or money order payable to "State of Delaware" to the address above.

For information on CE requirements, see Section 9.0 of the Board's Rules and Regulations on https://dpr.delaware.gov/.

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1. Provider Name: _____

2. Contact Person: _____ Phone: _____

3. Provider Address: _____ _____ _____ _____
    Street   City   State   Zip

4. Email Address: _____ Website URL: _____

COURSE NAME

**List ONLY courses that were approved for the previous license period and whose content and length have *not* changed.
Enter course names *exactly* as they appear on the *Approved Continuing Education* list for the previous license period.**

New Approval # Office Use Only	Course Name	Prior Approval # Future Use Only	CE Hours	Category (core or elective)	Fee
					$30
					$30
					$30
					$30
					$30
					$30
					$30
If you need more room, you may copy this page.				**TOTAL**	$

**Completion certificates must include course approval # and course title.
The Board will *not* accept certificates without a course title or approval #.**

I certify that the Provider named above currently offers the courses listed above and that the content and length of the courses is the same as when they were previously approved.

Form Completed By: _____ Date: _____

Revised 11/2017