

# APPROVED PROVIDER APPLICATION

STEP 1 OF 16

6%

## PROVIDER INFORMATION

Please ensure that you understand NCBTMB's current continuing education requirements and what is considered unacceptable continuing education course content before submitting your application.

### Individual or Organization \*

Please select if you are applying as an Individual or an Organization

- Individual  
 Organization

All Approved Providers are valid for **three years** from the date NCBTMB approves your application.

- \$225 for individuals for a three-year period

- \$450 for organizations or conference/tradeshows providers for a three-year period

### Name \*

Enter your name or your organization name

Your name or your organization name

Failure to upload all required documentation will result in a delay in processing your application. Please make sure to upload all documentation in each section that documentation is required before submitting.

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Save and Continue Later

Click Next to move to the next step or Save and Continue Later to have a link emailed to you to complete your application at a later time. Please note you must first be logged into your account before clicking on the link to be taken directly to your application.

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## INSTRUCTOR QUALIFICATIONS

Please upload a current CV or Resume detailing professional and teaching experience, for each instructor of this account. Evaluation/feedback forms from pilot classes should be uploaded in this section to support teaching qualifications.

### Current CV or Resume Upload \*

Upload current CV or resume as well as Evaluation/Feedback forms from your pilot class in this section

Drop files here or

Select files

(The following questions must be completed in order to submit this application. If you are not a Massage Therapist, or are applying as an organization with multiple instructors, please just answer each question with N/A and upload a detailed, professional resume above for each instructor. Bios are not acceptable as a professional resume. Additionally, please include a list of your courses and the names of the instructors who will teach them.)

### State License \*

Indicate all state(s) that you are licensed to practice in

State **Select state from dropdown**

Alabama

Licensure Number

Enter license number or N/A if not applicable

Click the + to add additional licenses

Are you currently NCBTMB Board Certified? \*

- Yes **It is not required that you be Board Certified to become an Approved Provider. If you click yes,**  
 No **you will be asked to enter your Board Certification # so your accounts can be merged if needed**

Instructor Qualifications \*

**Please check below all that apply. (At least one box must be checked and the boxes checked must be described in your resume.)**

- I hold a minimum of a Bachelor's Degree from a college or university accredited by a regional accrediting body recognized by the U.S. Department of Education, or a substantially equivalent accrediting body of a foreign sovereign state, with a major in a subject directly related to the content of the program to be offered; OR
- I have completed at least five years of professional experience in the practice of massage therapy; OR
- I have a minimum of two years teaching experience in the subject matter; OR
- I have completed an NCBTMB approved teacher training program in the modality of interest; OR
- I have completed at least 100 hour of non-entry level education in the subject matter to be offered and have a minimum of two years of professional experience in the subject

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## INSURANCE

Professional Liability Insurance \*

Do you as an individual have professional liability insurance or does your organization provide its instructors with liability insurance? **Select Yes or No**

- Yes (Please list your insurance provider in the box below)
- No (Please explain in the box below why you do not have liability insurance)

Insurance Detail \*

**Provide insurance details or explanation of no insurance coverage here**

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## SANCTION

**Sanction \*** Select Yes or No (if Yes is selected you will be required to enter an explanation and upload documents)

Has a sanction been imposed on you or your organization by a licensing or credentialing body? A sanction is the imposition of a penalty based on the violation of procedures, policy, etc.

- Yes
- No

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## COMPLIANCE

**State/Jurisdiction Compliance \*** Select Yes or No (if No is selected you will be required to enter an explanation and upload documents)

Are you or your organization in compliance with all of the rules and regulations within your state/jurisdiction?

- Yes
- No (Please upload an explanation and all supporting documentation)

**Terms of Service \***

By checking the box below, you agree to meet the requirements of both of these acts of congress. For more information on these acts, please visit the [ADA](#) and [Title VII](#) sites.

Click on ADA or Title VII above for more information about these acts then click the box below agreeing to comply.

As a provider of continuing education, I agree to comply with the ADA and Title VII of the CRA

Statement of Compliance with the Americans with Disabilities Act (ADA) and Title VII of the Civil Rights Act (CRA)

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## ADMINISTRATIVE PROCESSES

Read the statements below and then click the box next to I understand indicating that you will comply per NCBTMB guidelines

### Registration, Cancellation, and Refund Terms of Service \*

- I understand that it is required that my policies clearly state how participants register for my courses
- I understand that it is required that my policies clearly state registration deadlines
- I understand that it is required that my policies clearly state cancellation policies
- I understand that it is required that my policies clearly state my refund policy

I understand

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## COURSE CONTENT AGREEMENT

### Acceptable course content includes, but is not limited to:

- Applications of massage and bodywork therapy for specific needs, conditions, or client populations
- Anatomy, physiology and kinesiology
- Research literacy
- Client assessment protocols, skills for client record keeping, strategies for interfacing with other health care providers
- Use of external agents such as water, heat, cold, or topicals
- Body-centered or somatic psychology, psychophysiology, interpersonal skills – which may include communication skills, boundary functions, phenomena of transference, counter-transference and projection
- Standards of practice, professional ethics or state laws
- Strategies for the marketing of massage and bodywork therapy practices
- Theory or practice of ergonomic science as applied to therapist or client
- Hygiene, methods of infectious disease control, organization and management of the treatment environment
- The use of massage therapy tools and their specific needs (tools may not be sold during class time and the instructor must be able to supply students with the tools during class)
- Working with the muscles within the oral cavity for specific treatments, i.e. working on the masseter muscle in conjunction with TMJ Disorder
- Self-care courses concentrating on nutrition and/or diet only, but only as it enhances the learner's knowledge about the practice of massage therapy

- Working with the muscles within the oral cavity for specific treatments, i.e. working on the masseter muscle in conjunction with TMJ Disorder
- Self-care courses concentrating on nutrition and/or diet only, but only as it enhances the learner's knowledge about the practice of massage therapy
- Perform yoga/yoga teacher training programs (acceptable for therapist's self-care only)\*
- Active strengthening/physical training (acceptable for therapist's self-care only)
- Advanced science courses that contain content which goes beyond the massage therapist's scope of practice (as defined by state and/or local legislation), and that is instructive in understanding different systems of the body or human behavior more in depth. Click here for more information
- Energy work that includes "professional therapeutic hands-on applications."

\*NCBTMB only accepts 4 CEs per renewal period in Self-Care. Self-Care is NOT a requirement.

**Acknowledgement of Unacceptable Course Content \***

NCBTMB has outlined unacceptable course content. By checking the box below, I acknowledge I have read and understand NCBTMB's policy on unacceptable course content.

**Unacceptable Course Content includes:**

- Diagnoses (allopathic-based) of clinical conditions
- Implementation of allopathic medical/surgical procedures
- Physically invasive modalities, e.g., ear candles, intra-anal, intra-vaginal modalities, etc.

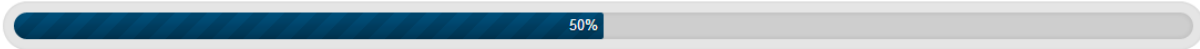
I have read and understand NCBTMB's policy on Unacceptable Course Content. I understand that, if I submit a course containing unacceptable course content, my course will be rejected, and I will forfeit all course fees.

Check box to show you have read and understand our unacceptable course content

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**COURSE INFORMATION**

**Course Submission**

All Conference/Tradeshows are submitted on a separate application in your account.

Course Title	Number of CEs	Course Type	Course Fee
There are no courses.			

After adding your course(s) the title(s) will appear here when you return to this page

[Add Course](#) Click Add Course to enter your course details (pp. 6-11 are instructions for adding your course details)

**Course Subtotal \***

Price: \$0.00

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**AFTER ADDING YOUR COURSE(S).** Click Next to move to the next step or Save and Continue Later to have a link emailed to you to complete your application at a later time. Please note you must first be logged into your account before clicking on the link to be taken directly to your application.



**Course Title \***

Enter your course title here

**Number of CEs \***

Number of hours minus lunch

CEs are not awarded for meal breaks or break times lasting more than 20 minutes. Only the structured learning time is eligible to award CEs.

Enter # of CEs here

**Course Type \***

- Live
- Distance Learning/Webinar
- Home Study

Select course type NOTE: **Live courses** are defined as courses that are taken by participants in the presence of an instructor. **Distant Learning/Webinar** is defined as courses that are held in a distant location but there is direct communication during the course between the instructor and participants. **Home Study** courses are defined as a course that is taken by a participant without direct communication with the instructor.

**NY Sponsorship \***

Do you want to add this course to your NY sponsorship (you must have already been approved as a NY Sponsor)

Answer No as NY Sponsorship is a separate application process

- Yes, please add this course to my NY sponsorship
- No

**Please select this course's difficulty level \***

Select appropriate difficulty level for your course

- Beginner/Entry Level
- Intermediate
- Advanced/Expert

**Category \***

Select appropriate course category by choosing one of the options in the dropdown

Active Isolated Stretching ▼

**Multiple amounts of CEs**

- This course is only taught in one format for its full value of CEs
- Title is the same but the course is taught at a different venue for a different amount of CEs
- Title is different because the course is segmented into different areas of the body   
 Selecting this option will allow you to add shorter segments (secondary course titles for your course)

**Course Description \***

Type or copy & paste below a detailed course description including the purpose and intent of the modality/content.

Enter Course Description here. **Note:** Your course description should offer an idea of what subject matter is being shared, and how that information is presented while describing a little idea about the environment. For instance, it should indicate what percentage of the class is lecture based, and what percentage is practice with hands-on. This should provide an image of what will be taught, the purpose for this course, the projected benefits for learning this subject matter, and how you intend to teach this course.

## Learning Objectives \*

Learning objective(s) should be; (specific, measurable, achievable, results), that each student can demonstrate throughout the course, in order to reach the full course learning outcome. One learning objective should be achieved for each hour of class. Therefore, a 16 hour class should have 16 learning objectives. Below are some examples of acceptable and unacceptable learning objectives.

Acceptable:

Students will list the contraindications of pregnancy massage.

Students will identify the color associated with each chakra.

Unacceptable:

Students will learn about pregnancy massage.

Students will explore the history of Reiki.

(The 2 unacceptable examples are general in nature, do not demonstrate any way of measuring that each student has understood the course content, and the results achieved are unclear. Each student should be able to do something which demonstrates the understanding of course content).

Enter Learning Objectives here based on criteria above. **Add'l Note:** Basically, each learning objective just needs to be something each participant can; list, explain, describe, state, perform, compare, name, define, recognize, identify, choose, implement, assess, evaluate, or demonstrate within the subject matter of the class. Most times, an hour of discussion or practice could lead to several pieces of information being absorbed, however, we just need one.



## Learning Outcomes \*

Learning outcome(s) should describe a high level end result of the students' knowledge and what the student should demonstrate to show the instructor that the student has digested the material.

An example of a learning outcome is:

Students will demonstrate proficiency in pregnancy massage.

Enter Learning Outcomes here based on the criteria above. **Add'l Note:** Learning Outcomes should be a broader more general accomplishment or take-a-way each participant can do as a result of mastering each of the smaller, more specific learned tasks.

## Course Outline \*

Type or copy and paste below the outline of the course, according to the timeline as it will be taught throughout each day. 60 minutes of instruction equals 1 CE hour. Note: 10 minutes of break time is allowed per hour of class. No more than 20 minutes of break time is allowed to be used at one time. CEs are NOT allowed for lunch or dinner break times. Homework and practice time not in the presence of an instructor cannot be counted towards CE hours. Only full hours or half hour increments will be accepted. Ranges of hours are NOT accepted.

If this is a home study course, indicate how the communication will take place with your participants, and include necessary course details listed in Home Study Section below. For a webinar course, please include the necessary website and log in details with your outline.

Enter Course Outline here based on the criteria above. **Live Course/Webinar Example:**

Shoulder Girdle Work = 8 Hours

8:00 – 8:20 Meet and greet, introduction to course and what to expect, students receive class materials

8:20 – 10:00 One-on-one bodywork: Rotator Cuff Muscles, Rhomboids, Trapezius, Levator Scapula, Erector Spinae Group

10:00 – 10:20 Break

10:20 – 12:00 Students switch table time and Group 2 and repeat the techniques taught before break

12:00 – 1:00 Lunch break

1:00 – 2:40 One-on-bodywork: Latissimus Dorsi, Pectorals, Biceps, Deltoid, Triceps, SCM, Splenius Capitis, Suboccipitals

2:40 – 3:00 Break

3:00 – 4:40 Students switch table time and Group 2 practices the techniques taught before break.

4:40 – 5:00 Verbal review of course content. question & answer session.

**Will students be given course material when they attend each course? \***

- Yes
- No

**Will students receive a syllabus before each course, explaining the information that will be taught? \***

- Yes
- No

**How will each student be evaluated? \***

- Written
- Case study presentation
- Observation
- Resolution of problem presentation

### **Additional Documentation**

please use this section to provide any additional documentation you may need to provide.

Drop files here or

Entering Phone, Email and Website in the fields below will add this information to your directory listing for your course once it is approved. You can always edit your directory listing from your dashboard as well.

**Phone**

**Email**

**Website**

**Course Fee \***

Price: \$25.00

**Please make sure after clicking continue, that you continue on with the form. Clicking continue here does not complete the form in its entirety.**

[Continue](#)

Click continue. This will **ONLY** save the details you have entered for your course. You will be taken to back to the main application to complete your application.

[Click here for Sample/Template Certificates](#) NCBTMB requires that all certificates issued by an NCBTMB Approved Provider contain the following items listed below:

#### Course, Provider, and Certificate Requirements \*

NCBTMB requires that all certificates issued by an NCBTMB Approved Provider contain:

- The Course Type (live, home study, live webinar) any webinar that is replayed is considered home study
- The Provider's name and number as it appears on the final approved decision letter
- The Provider's phone number
- The Provider's email address
- The Course name and CE hours as approved by NCBTMB
- The Course date of completion
- A Signature line for the individual provider

I understand

Read the statements above and then click the box next to I understand indicating that you will comply per NCBTMB requirements

#### Required Information for Issued Certifications \*

I agree to issue certificates with the required information per NCBTMB criteria

I agree

Read the statement above and then click the box next to I agree indicating that you will comply per NCBTMB requirements

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Click Next to move to the next step or Save and Continue Later to have a link emailed to you to complete your application at a later time. Please note you must first be logged into your account before clicking on the link to be taken directly to your application.

## CONTINUING EDUCATION TRANSCRIPTS

Please read each statement below and indicate with a check mark that you will comply per NCBTMB guidelines.

### Transcript Requirements \*

- I understand that upon request, I will issue transcripts to participants
- I understand sign-in sheets DO NOT satisfy the requirements for a particular transcript
- If audited, I will provide a sample transcript to NCBTMB upon request
- I understand that transcripts for continuing education must be titled "Continuing Education Transcript" and at a minimum include:
  1. Name of the course
  2. Date of the course
  3. CE hours awarded

I understand **Read the statements above and then click the box next to I understand indicating that you will comply per NCBTMB requirements**

## EVALUATION PROCESS

### Acquiring Feedback \*

NCBTMB providers will acquire feedback from each participant for each course. [Click here for Course Evaluation Forms](#)

I acknowledge the importance of gathering information from evaluation forms completed by continuing education course participants. This feedback tool may server to improve the course content and delivery.

I acknowledge **Read the statement above and then click the box next to I understand indicating that you will comply per NCBTMB requirements**

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Your application can be saved by clicking the save and continue button above. You will be e-mailed a link which you can use to complete your application at a later time.

## NEW YORK SPONSORSHIP

New York Sponsorship is a separate approval. Due to the increased administrative work that NCBTMB must perform there is a \$50 additional fee to be sponsored, per three year renewal period. If you would like to become NY sponsored, please complete the NY Sponsorship Application.

### New York Sponsorship \*

Would you like to become NY Sponsored? *A link to complete this application will be e-mailed to you upon completion.*

- Yes** **By clicking Yes, a link to complete the NY Sponsorship Application will be emailed to you upon submission of this application**
- No** **application**

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**Click Next to move to the next step or Save and Continue Later to have a link emailed to you to complete your application at a later time. Please note you must first be logged into your account before clicking on the link to be taken directly to your application.**

## CODE OF CONDUCT

### NCBTMB Provider Code of Conduct Agreement \*

As an applicant for approval, I agree to:

- Provide accurate information to the NCBTMB in all transactions to the best of my knowledge.
- Assure that course credits are awarded only to certificants who successfully complete the course according to the published requirements.
- Conduct the operations and programs in an ethical manner that respects the rights and worth of the clients I serve.
- Use and display the provider statement and logo according to the NCBTMB requirements.
- Furnish requested information, work cooperatively with the NCBTMB, and pay fees in a timely manner.
- Accept that the NCBTMB audits courses for purposes of compliance with the criteria.

I agree

Read the statements above, click the box next to I agree then enter your First and Last name in the fields below as your electronic signature indicating that you will comply with NCBTMB's Provider Code of Conduct

Full Name \*

First

Last

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## STATEMENT OF UNDERSTANDING

Please read the following statement. In the space that is provided, please sign and date to indicate your understanding and agreement to comply.

The information I have provided is accurate, true, and correct to the best of my knowledge. I agree to inform NCBTMB of all changes to the information included in this application while I am an applicant and for as long as I remain an Approved Provider.

I understand that NCBTMB reserves the right to verify any and all information in this application. Therefore, I understand and agree that my failure to provide accurate, true, and correct information or to respond to authorized NCBTMB requests for additional information shall constitute grounds for rejection of my application or denial or revocation of my Approved Provider status.

I have read, understand and agree to be bound by the policies and procedures, Provider Code of Conduct, Code of Ethics, and Standards of Practice promulgated by the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB).

I understand and agree that my failure to abide by NCBTMB's policies and procedures, Code of Ethics, and Standards of Practice shall constitute grounds for rejection of my application or denial or cancellation of my Approved Provider status.

Signature \*

Read the statement above, then enter your First and Last name in the fields below as your electronic signature indicating your understanding

First

Last

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## NCBTMB PRIVACY POLICY

### Privacy Policy Acknowledgement \*

This notice applies to all information collected or submitted on the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) website and via email or other forms of communication.

#### Information We Collect, Why We Collect It, and How We Use It

"Personal Information" is information that, either alone or in combination with other information collected, identifies an individual. When we combine other information (i.e., information that does not, on its own, identify an individual) with Personal Information, we treat the combined information as Personal Information. Personal Information includes your name, mailing address, phone number, e-mail address, employer, and

I have read and understand the NCBTMB Privacy Policy

Read the statement above, then click the box indicating you have read and understand NCBTMB's Privacy Policy

## NCBTMB REFUND POLICY

### NCBTMB Refund Policy Agreement \*

Approved Provider fees are non-refundable.

I have read and understand the NCBTMB Refund Policy

Read the statement above, then click the box indicating you have read and understand NCBTMB's Refund Policy

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## PUBLIC DIRECTORY/WEBSITE LISTING INFORMATION

The information provided in your public Directory/Website Listing is meant to help prospective therapists locate your business and/or courses. It is also utilized by state boards to verify approval status with NCBTMB.

Utilize this listing to include your business information ONLY. You DO NOT have to include your personal information; the listing is entirely customizable. Please keep in mind that any communication emailed or mailed to you from NCBTMB (i.e. your certificate) will be sent to the information in your NCBTMB Profile and not your Public Directory/Website Listing.

Email \*

Complete your free Public Directory/Website Listing by entering your information on this page. Email and address is required.

Website

Facebook URL

Address \*

Street Address

Address Line 2

City

ZIP / Postal Code

State / Province / Region

Country

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**PAYMENT****Individual \***

Price: \$225.00

Confirm that the total to be billed to your credit card is correct (\$225 for an Individual or \$450 for an Organization plus \$25 for each course submitted), and enter all billing information accurately.

**Total**

\$250.00

**Billing Address \***

Street Address

Address Line 2

City

State / Province / Region

ZIP / Postal Code

Country

**Credit Card**

Card Number

Expiration Date

Security Code

Cardholder Name

**For Internal Use Only (please leave blank)**[Apply](#)[Previous](#)[Submit](#)[Save and Continue Later](#)

Click Submit or Save and Continue Later to have a link emailed to you to complete your application at a later time. Please note you must first be logged into your account before clicking on the link to be taken directly to your application.