

# OBMT Continuing Education Form

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

LMT License #: \_\_\_\_\_

I certify that this information is true and accurate. I understand that per *OAR 334-010-0050 (5)*, "If the board finds indications of fraud or falsification of records, investigative action shall be instituted. Findings may result in disciplinary action including revocation of the licensee's license."

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Contact hours** are in the physical presence of an instructor with other massage, bodywork or healthcare professionals. Examples: Attendance in a class, workshop or training; Serve as a board/committee member, examiner or attend a board meeting.

**Non-Contact Hours**: Excess "contact hours" may be take the place of the following categories. Examples: Research work or published author; Volunteer massage at an organized event; Telecommunication or on-line course(s); Self-study based on media (ie..book/video, periodical, audiocassette, VHS/DVD; Teaching, mentoring or peer supervision.

**Instructions:**

Fill in the title, location, date, type (contact or non-contact) and number of hours for each course completed.

A minimum of 25 hours must be reported.

A minimum of 12 hours must be contact hours.

**IF YOUR LICENSE IS CURRENTLY LAPSED, YOU ARE REQUIRED TO SUBMIT DOCUMENTATION OF CE HOURS AND PROOF OF CURRENT CPR.**

Number of contact hours completed: \_\_\_\_\_

Total number of CE hours completed: \_\_\_\_\_

CPR Expiration Date: \_\_\_\_\_