

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: _____

See OAR 334-010-0050 for the complete Administrative Rules concerning continuing education.

PLEASE READ BEFORE COMPLETING THIS FORM:

- ✓ Please only submit copies of documentation for the number of CE hours required for this renewal.
- ✓ CE hours must be relevant and pertain to your massage practice and enhance your massage knowledge.
- ✓ Excess "contact hours" may be carried over for one renewal period. The licensee is responsible for ensuring that carry-over CE has not been submitted twice. The OBMT will randomly audit carry-over hours for compliance.
- ✓ It is licensee's responsibility to track CE hours submitted to assure hours are in compliance. Documentation of CE must be maintained by each **licensee** for a minimum of **five years**.
- ✓ One CE is equal to one clock hour.
- ✓ Courses/media may only be counted once per renewal period.
- ✓ CE courses taken for National Certification or licensure in another state can be used for Oregon licensure provided they meet Oregon CE requirements.
- ✓ OBMT does not regulate CE providers. It is the licensee's responsibility to be diligent when selecting providers.
- ✓ Different types of CE require specific documentation. Please refer to the categories below for further details.

Contact Hours: You must submit proof of the minimum number of CE 'contact hours' required.

"Contact hours" are in the physical presence of an instructor with other massage, bodywork or healthcare professionals.

Attendance in class, workshop or training

Attach copies of transcript, certificate of completion or letter of verification. Documentation must include the provider's name, address, and phone number, CE topic, date, and total number of CE hours received.

Serve as a board/committee member, examiner or attend a board meeting

Attach list of days worked/attended (*limit one (1) CE per day*)

Total Contact Hours Submitted _____

Non-Contact Hours: Excess "contact hours" may be submitted in place of the following categories.

Research work or published author

Attach abstract of work(s), contact information of research agency or publisher.

#CE hours _____

Volunteer massage at an organized event

Attach a letter of verification from the event(s) coordinator that includes your name, event title, date of event, time, and organizers contact information.

#CE hours _____

Telecommunication or on-line course(s)

Attach copy of transcript, certificate, or proof of completion including provider contact information.

#CE hours _____

Self-study based on media (i.e.: book, periodical, audiocassette, VHS/DVD)

Attach a one-page summary on what you learned and how you might or might not incorporate it into your practice. Include title, author, publisher information and number of hours to read/watch.

#CE hours _____

Teaching, mentoring or peer supervision

Attach proof of teaching: pay stub, letter of verification from employer, attendee sign in sheet.

#CE hours _____

Other: Learning experiences not listed

Contact the Board office for advice.

#CE hours _____

Total Non-Contact Hours _____

Total CE hours submitted for this renewal period _____