



SC Dept. of Labor, Licensing and Regulation
Office of Board Services

Massage/Bodywork Therapy
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Columbia, South Carolina 29211-1329
Phone: (803) 896-4588 / Fax: (803) 896-4484
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MASSAGE/BODYWORK THERAPIST – CONTINUING EDUCATION PROVIDER APPLICATION

Title 40 Chapter 30, Section 40-30-190 requires for license renewal that all licensed Massage/Bodywork Therapist receive not less than 12 classroom hours per biennium of approved continuing education coursework.

Instructions:

Attached you will find the required application for approval as a continuing education provider for licensed massage/bodywork therapist in South Carolina.

Please complete the application form and mail it back to the above address for review. Once approved, a provider number will be issued to the continuing education provider and continuing education provider certificate of approval will be mailed to you.

This provider number and certificate of approval must be renewed on or before July 1 of each biennial year. Any changes to an approved program or instructor must be submitted and approved by the South Carolina Department of Labor, Licensing and Regulation (LLR) prior to initiating the program. LLR retains the right to monitor programs given by any provider and may suspend or revoke the status of a provider who fails to comply with the requirements.

SECTION II. CONTINUING EDUCATION PROGRAM INFORMATION

1. Course name(s)

2. Please attach a copy of the Course outline(s) with the following information (provide an outline with the required information for each Course offered):

- i. Course Description
- ii. Course Objectives/Learning Outcomes
- iii. Course Topic Outline (Specifics of how class hours are used)
- iv. Method of Assessment (Written test or observation)
- v. Course Requirements/Policies/Procedures

3. Please attach a copy of the certificate of attendance that will be provided to each of the participants verifying that the program was completed. The certificate of attendance shall contain the following:

- i. Provider's name and provider number;
- ii. Title of program/course;
- iii. Course Instructor;
- iv. Date of course;
- v. Address where course was given;
- vi. Number of credit hours(50 minutes of instruction for one hour of CE credit) ;
- vii. Licensee's name and license number

Section III. CONTINUING EDUCATION INSTRUCTOR (S) INFORMATION

1. Name and address of Instructor (If more than one instructor, provide information requested for each instructor)

2. Check at least one of the following credentials applicable to each instructor (Applicant can check more than one for an instructor):

_____ Holds a minimum of a bachelor's degree from a college or university which is 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.

_____ Has graduated from a school of massage or an apprenticeship program which has a curriculum equivalent to requirements in this state and was approved by a state licensing authority, a nationally

recognized massage therapy association, or a substantially equivalent accrediting body, or the LLR and has completed three years of professional experience in the practice of massage; or

_____Is licensed as a massage therapist in another state or foreign sovereign state having standards of education or apprenticeship training substantially similar to or more stringent than those required for licensure in South Carolina and has taught at a school of massage which has a curriculum equivalent to requirements in this state and was approved by a state licensing authority, a nationally recognized massage therapy association, or a substantially equivalent accrediting body, or LLR for a minimum of two years.

3. For the item(s) checked in (2.) provide the applicable information for each instructor:

College/University completed: _____

College Degree received: _____

Name and address of the Massage school or Apprentice program completed

Names(s) and address(s) of Massage practice experience or employment (must be at least 3 years)

Licensure information if Instructor is a licensed massage/bodywork therapist other than South Carolina (provide verification)

Name of Massage school(s) that the Instructor taught for a minimum total of two (2) years

4. Will the instructor(s) be instructing courses in areas other than massage therapy, such as history, techniques or ethics? Yes ____ No ____

(If YES, you must provide evidence of holding a minimum of a bachelor's degree from an accredited college or university 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).

(Note: Instructors of course shall not receive CE credit for courses they instruct)

SECTION IV. OTHER INFORMATION

1. Continuing Education Providers or Instructors: Have you ever had a professional or occupational license denied, suspended revoked or surrendered or ever been disciplined by the licensing authorities in this state, of any state or jurisdiction? Yes ___ No ___ If YES, attach a separate statement giving complete details and supply a copy of the

2. Continuing Education Providers or Instructors: Have you ever been convicted of or pled guilty to or nolo contendere to a felony or a crime involving drugs or moral turpitude or are there any criminal charges now pending against you? Yes ___ No ___ If YES, attach a separate statement giving complete details; submit a state criminal background check where the violations(s) occurred; attach copies of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer sent directly to the Board from the above mentioned authorities.

Personal information provided in this application may be subject to public scrutiny or release under the SC Freedom of Information Act or other provisions of federal and state law.

SECTION V. AFFIDAVIT

I, _____, am the person described and identified, of good moral character, and the person named in all documents presented in support of this application, I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my certificate to provide continuing education courses in South Carolina.

Applicant Continuing Education Provider / School Representative _____

Date: _____

Notary: Sworn to and subscribed before me this _____ day of _____, 20____

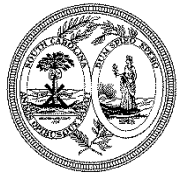
Signature of Notary Public _____

My Commission Expires (date) _____

Notary Seal Here



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION



**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY**

Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)

being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or
2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____

I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See Instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____

Notary Public for _____

My Commission Expires: _____

I
INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)