



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

**BOARD OF MASSAGE AND BODYWORK**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**REQUEST FOR RENEWAL OF CONTINUING EDUCATION APPROVAL  
FOR PERIOD ENDING AUGUST 31, 2016**

**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 [www.dpr.delaware.gov](http://www.dpr.delaware.gov).

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.

	\$30
	\$30
	\$30
	\$30
	\$30
	\$30
	\$30
	\$30
<b>TOTAL</b>	\$

If you need to renew more courses, you may copy this form.

**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: \_\_\_\_\_