

INSTRUCTION SHEET

Massage Therapist Continuing Education Sponsor Application

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

In order for Licensed Massage Therapists to obtain credit for attendance at continuing education (C.E.) programs, the program must be provided by an approved sponsor. The sponsoring entity must:

1. Complete and submit an Illinois Massage Therapist Continuing Education Sponsor Application.
2. Forward a fee of \$500, in the form of a check or money order made payable to the Department of Financial and Professional Regulation.
3. Enclose a sample "Certificate of Attendance," which contains the following:
 - a) The name, address and license number of the sponsor;
 - b) The name, address and license number of the participant;
 - c) A brief statement of the subject matter;
 - d) The number of clock hours actually attended in each program;
 - e) The date and place of the program; and
 - f) The signature of the person responsible for (C.E.) programs.
4. Enclose a sample C.E. program with course materials (i.e. outline of program and brief biography of instructors).

Sponsor means a person, firm, association, corporation, or any other group which has been approved to coordinate and present continuing education courses or programs.

Upon receipt of the sponsor application and all required documentation, it will be reviewed by the Division or the Illinois Massage Licensing Board. Subsequent to review, you will be advised of the recommendation.

1. Renewal applicants will be required to have a total of 24 hours of C.E., including at least 2 hours on ethics, which must be obtained during the applicable prerenewal period. The prerenewal period is the 24 months preceding December 31 of each even-numbered year.
2. It shall be the responsibility of the sponsor to provide each participant in an approved program with a certificate of attendance as outlined above.
3. The sponsor shall maintain attendance records containing all of the above information and course materials for not less than five years.
4. The sponsor shall be responsible for assuring that no renewal applicant shall receive C.E. credit for time not actually spent attending the program.
5. All courses and programs shall:
 - a) Contribute to the advancement, extension and enhancement of professional clinical skills and knowledge in the practice of massage;
 - b) Be developed and presented by persons with 2 years of education and/or experience in the subject matter of the program;
 - c) Foster the enhancement of general or specialized work in the practice of massage;
 - d) Specify the course objectives, course content, and teaching methods to be used; and
 - e) Specify the number of C.E. hours that may be applied to fulfilling the Illinois C.E. requirements for license renewal.
6. All programs given by approved sponsors shall be open to all licensed Massage Therapists and not be limited to members of a single organization or group.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 55/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

RETURN APPLICATION TO:
 STATE OF ILLINOIS
 DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
 ATTN: Division of Professional Regulation
 320 West Washington Street, 3rd Floor
 Springfield, Illinois 62786

For Official Use Only
 _____ Approved
 _____ Denied
 _____ Deferred
 _____ Date

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Each participant must be supplied with a "Certificate of Attendance." Please enclose a sample certificate.

1. OFFICIAL NAME OF SPONSORING ORGANIZATION OR INSTITUTION	2. TELEPHONE NUMBER (Include Area Code)
3. ADDRESS (Include Street, City, State, ZIP Code, and County)	4. FEIN OR SOCIAL SECURITY NUMBER
5. NAME OF PERSON(S) RESPONSIBLE FOR CONTINUING EDUCATION PROGRAM(S) Include curriculum vitae(s).	6. TITLE/LICENSE NUMBER(S)
7. ADDRESS (Include Street, City, State, and ZIP Code)	8. E-MAIL ADDRESS (REQUIRED)
	9. TELEPHONE NUMBER (Include Area Code)

10. SPONSOR IS:

A University or College
 A Professional Association
 A Corporation
 Individual
 Other _____ Describe: _____

11. SPONSOR'S BACKGROUND IN MASSAGE EDUCATION

NOTE: It is necessary to attach course description(s) with the application.

12. STATE HOW THIS SPONSOR WILL CONTRIBUTE TO THE ADVANCEMENT, EXTENSION, AND ENHANCEMENT OF THE PROFESSIONAL SKILLS AND KNOWLEDGE OF THE LICENSEE IN THE PRACTICE OF MASSAGE THERAPY.

13. DESCRIBE METHOD FOR RECORDING AND VERIFYING ATTENDANCE (Supply forms used)

14. a) Specify length of time Sponsor maintains records: _____ (Records must be maintained for at least 5 years.)
 b) Location where records will be maintained: _____

15. Does your organization agree to periodic monitoring of your programs by the Department or members of the Massage Licensing Board? Yes No

NOTE: All programs given by Approved Sponsors will be open to all registered Massage Therapists and not be limited to members of a single organization or group.

Signature of Person Submitting Application	Title
Type or Print Name of Person Submitting Application	Date

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

Affidavit

I hereby certify that I am the individual responsible for the continuing education (C.E.) program(s) offered by this sponsor and:

1. That all courses and programs offered by this sponsor for C.E. credit will comply with criteria in 68 Ill. Adm. Code, Section 1284.90(c)(3) and all other criteria in 68 Ill. Adm. Code, Section 1284.90; and
2. That this sponsor will be responsible for verifying attendance at each program and provide a certificate of attendance as set forth in 68 Ill. Adm. Code, Section 1284.90(c)(8).
3. That, upon request by the Department, this sponsor will submit such evidence as is necessary to establish compliance with the requirements of 68 Ill. Adm. Code, Section 1284.90; and
4. That each C.E. program shall provide a mechanism for evaluation of the program and instructor by the participants. The evaluation may be completed on-site immediately following the program presentation, or an evaluation questionnaire may be distributed to participants to be completed and returned by mail. The sponsor and the instructor, together, shall review the evaluation outcome and revise subsequent programs accordingly.
5. That this sponsor may subcontract with individuals and organizations to provide approved programs.
6. That all programs given by this sponsor shall be open to all licensed massage therapists and not be limited to members of a single organization or group.
7. That this sponsor will submit by December 31 of each even-numbered year to the Department, a list of courses and programs offered within the last 24 months, which includes a brief description, location, date and time of each course given by the sponsor and by the subcontractor.
8. That this sponsor shall maintain attendance records for not less than 5 years.
9. That this sponsor shall be responsible for assuring that no renewal applicant shall receive C.E. credit for time not actually spent attending the program.
10. That this sponsor is aware that failure to comply with the Rules of the Department of Financial and Professional Regulation (68 Ill. Adm. Code, Section 1284.90) may result in disapproval of this sponsor by the Department; and
11. That this sponsor is aware that disapproval by the Department will result in no credit being accepted by the Department of Financial and Professional Regulation by this sponsor subsequent to such disapproval.
12. Notwithstanding any other provision of the Rules (68 Ill. Adm. Code, Section 1284.90), the Department may evaluate this sponsor at any time to ensure compliance with the requirements as set forth in 68 Ill. Adm. Code, Section 1284.90.

Signature of Person Responsible for Continuing Education Program

NOTARY

SEAL

Subscribed and sworn before me this _____ day of _____, _____.

Signature of Notary Public

NAME OF CE SPONSOR:

Profession: