



**ALABAMA MASSAGE THERAPY
LICENSING BOARD**

**P.O. Box 301011
Montgomery, Alabama 36130
Toll Free: 1-833-853-1260**

PROVIDER APPROVAL FACT SHEET

Agency: _____

Address: _____

Name of Person Submitting Application: _____

Title: _____ Contact Numbers: _____

Individual Responsible for Administering/Instructing the Course: _____
Title: _____

Course Title: _____

Dates/Times of Presentation: _____

Location of Presentation: _____

Number of Contact Hours: _____

Target Audience: _____

Need for Course: _____

Method of Awarding Contact Hours: _____

Approval Previously Granted by: _____

Note: Applicants submitting this Provider Approval Fact Sheet must submit all documentation of approved provider status granted by a nationally recognized massage therapy association or organization. Failure to include this documentation will result in rejection of the application.