

**Board of Massage Therapy**  
**Request for Approval of Continuing Education for Pro Bono Services**  
**For the Biennial Renewal period of \_\_\_\_\_**

Pursuant to Rule 64B7-28.0095, in order to request up to 6 hours of continuing education credits for the performance of pro bono services, please provide the information requested below. You may attach additional information sheets if necessary. Services MUST be preapproved by the Board. For your reference Rule 64B7-28.0095 is on page 2.

**Please print or type**

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

**License Number:** \_\_\_\_\_

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

**E-mail:** \_\_\_\_\_

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

**Description of services to be offered**

**Organization/entity volunteering with:** \_\_\_\_\_

**Organization contact person:** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**E-mail:** \_\_\_\_\_

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

**Number of CE hours requested (6 hour maximum):** \_\_\_\_\_

**Type, nature and extent of services to be provided:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Location where the services will be provided:** \_\_\_\_\_

**Number of patients/clients expected to be served:** \_\_\_\_\_

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***I attest that those to be served are indigent, underserved, or in an area of critical need.***

\_\_\_\_\_  
**Signature of Massage Therapist**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Organization/entity Representative**

\_\_\_\_\_  
**Date**

**Return by mail to:** Board of Massage Therapy  
ATTN: Pro Bono Services  
4052 Bald Cypress Way, # C-06  
Tallahassee, FL 32399-3256

**64B7-28.0095 Continuing Education for Pro Bono Services.**

(1) Up to 6 hours of continuing education per biennium in satisfaction of paragraph 64B7-28.009(3)(a), F.A.C., may be awarded for the performance of pro bono services to the indigent, underserved populations or in areas of critical need within the state where the licensee practices. The standard for determining indigence shall be that recognized by the Federal Poverty income guidelines produced by the United States Department of Health and Human Services.

(2) In order to receive credit under this rule, the licensee must receive prior approval from the Board by submitting a formal request for approval, which must include the following information:

(a) The type, nature and extent of services to be rendered;

(b) The location where the services will be rendered;

(c) The number of patients expected to be served; and

(d) A statement indicating that the patients to be served are indigent, underserved or in an area of critical need.

(3) Credit shall be given on an hour per hour basis.

(4) Approval for pro bono services is only granted for the biennium for which it is sought. The licensee must request approval for each biennium they wish to receive credit for pro bono services.

*Specific Authority 456.013, 480.0415 FS. Law Implemented 456.013, 480.0415 FS. History—New 5-5-04, Amended 12-6-06.*

**Board of Massage Therapy**

**Affidavit of performance of Continuing Education credits for preapproved Pro Bono Services for the Biennial Renewal Period of \_\_\_\_\_ pursuant to Rule 64B7-28.0095**

**Please print or type**

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

**License Number:** \_\_\_\_\_

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

\_\_\_\_\_

**E-mail:** \_\_\_\_\_

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

**Organization/entity volunteering with:** \_\_\_\_\_

**Organization contact person:** \_\_\_\_\_

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

\_\_\_\_\_

**E-mail:** \_\_\_\_\_

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

**Number of preapproved CE hours provided (6 hour maximum):** \_\_\_\_\_

**ACTUAL number of hours provided:** \_\_\_\_\_

**Location where the services were provided:** \_\_\_\_\_

\_\_\_\_\_

**Date(s) services provided:** \_\_\_\_\_

***I attest that this information provided above is true and correct.***

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\*Please attach a copy of the Board approval letter.

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Tallahassee, FL 32399-3256