Massage Therapy Program
Provider Approval Fact Sheet

For Department Use Only

Alabama Department of Public Health

_____ Date Received
_____ Approved By

Agency _____

Street Address _____

City _____ State Alabama Zip _____

Person Submitting Application

First Name _____ Last Name _____

Title _____

Phone Number _____ Email Address _____

Person Responsible for Administering/ Instructing the Course

First Name _____ Last Name _____

Title _____

Course Information

Course Title _____

Dates and Times of Presentation _____

Location of Presentation _____

Target Audience _____

Number of Contact Hours _____

Method of Awarding Contact Hours _____

Need for Course _____

Approvals 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.

Signed _____ Date _____

Please email completed form and other applicable documentation to Massage.Therapy@adph.state.al.us

Alabama Department of Public Health
Massage Therapy Program
RSA Tower, 201 Monroe Street, Suite 1250
Montgomery, AL 36104
(334) 206-5373