

**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.

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