



**NORTH CAROLINA BOARD of MASSAGE
& BODYWORK THERAPY**

www.bmbt.org
4140 ParkLake Avenue
Suite 100
Raleigh, NC 27612

SMALL GROUP STUDY FORM

NORTH CAROLINA LICENSE NUMBER: _____

Last Name: _____ **First:** _____ **Middle/Maiden:** _____

Journal Article

Clinical Videotape

Audiotape

Title

Author

Publisher

Time Spent

Date of Completion

Co-Participants

Signature

License #

Statement describing how this activity relates to your current or anticipated roles and responsibilities:

***As stated in the Rules of the North Carolina Board of Massage and Bodywork Therapy 21 NCAC 30 .0701:**

- (3) Small Group Study:
- (a) Includes on-site, in-person review and discussion, by at least two licensed practitioners, of professional medical journal articles, clinical videotapes or audiotapes related to the practice of massage and bodywork therapy;
 - (b) There is a maximum of two contact hours in this category; and
 - (c) Documentation shall include title, author, publisher, time spent, and date of completion. The licensee shall complete the Small Group Study Form provided by the Board on its website at www.bmbt.org and include a statement that describes how the review and discussion relates to the licensee's current or anticipated roles and responsibilities.