

APA-1

TRANSMITTAL SHEET FOR NOTICE
OF INTENDED ACTION

Control: 532

Department or Agency: Appendix 1

Rule No.: Chapter 532-X-A

Rule Title: Appendices

Intended Action Repeal

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? Yes

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? Yes

Is there another, less restrictive method of regulation available that could adequately protect the public? No

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved? No

To what degree?: N/A

Is the increase in cost more harmful to the public than the harm that might result from the absence of the proposed rule? NA

Are all facets of the rule-making process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? Yes

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? No

.....

Does the proposed rule have an economic impact? No

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

.....

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer

Peggy Benson

Peggy Benson, AL

Date

Monday, July 1, 2024

REC'D & FILED
JUL 1, 2024
LEGISLATIVE SVC AGENCY

APPENDIX 1

NOTICE OF INTENDED ACTION

AGENCY NAME: Massage Therapy Licensing Board, Alabama

RULE NO. & TITLE: Chapter 532-X-A Appendices

INTENDED ACTION: Repeal

SUBSTANCE OF PROPOSED ACTION:

The Alabama Board of Nursing, acting as the Alabama Board of Massage Therapy as provided by Alabama Act No. 2024-361 (the act), proposes repealing the Appendix to facilitate implementation of the act. As rules proposed for the purpose of implementing a state law, this proposal is excepted from the provisions of Executive Order 735.

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

The Board will accept written or verbal comments until 4:30 pm, Central time, on Wednesday, September 4, 2024. Comments may be directed to Alabama Massage Therapy Licensing Board, PO Box 301011, Montgomery, AL 36130, or almtb@almtb.alabama.gov.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

Wednesday, September 4, 2024

CONTACT PERSON AT AGENCY:

Peggy Benson

Peggy Benson

Peggy Benson, AL

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

APPENDIX 1
ADMINISTRATIVE CODE

CHAPTER 532-X-A
APPENDICES (REPEALED)

TABLE OF CONTENTS

532-X-A-.01	Appendix 1 - Forms Associated With These Rules and Regulations <u>(Repealed)</u>
532-X-A-.02	Appendix 2 <u>(Repealed)</u>
532-X-A-.03	Appendix 3 - Guidelines For Providers Of Continuing Education For Massage Therapist <u>(Repealed)</u>

532-X-A-.01

**Appendix 1 - Forms Associated With These Rules
and Regulations (Repealed)**.

~~Application Request Form~~ ~~Massage Therapist Application~~
~~Massage Therapist Renewal Application~~
~~Massage Therapy Establishment Application~~
~~Massage Therapy Establishment Renewal Application~~
~~Massage Therapy School Application~~
~~Massage Therapy School Renewal Application~~
~~Massage Therapy Instructor Application~~ ~~Change of Address Form~~
~~Consumer Complaint Form~~ (Repealed)

Author: Keith Warren

Statutory Authority:

History: **New Rule:** Filed November 9, 2006; effective December 14, 2006. **Repealed:** Published ; effective.

532-X-A-.02 Appendix 2 (Repealed).

~~Guidelines for Supervised Student Clinicals~~ (Repealed)

Author: Keith Warren

Statutory Authority:

History: **New Rule:** Filed November 9, 2006; effective December 14, 2006. **Repealed:** Published ; effective .

Appendix 3 - Guidelines For Providers Of
Continuing Education For Massage Therapist
(Repealed) .

~~APPENDIX 3
GUIDELINES FOR PROVIDERS OF CONTINUING EDUCATION FOR MASSAGE
THERAPIST~~

~~The Alabama Board of Massage Therapy requires that potential providers (1) affirm the capability of meeting the Criteria for Providers; and 2) provide assurance of adhering to the Criteria for Providers established under 34-43-21(d) (1) and (2) of the Code of Ala. 1975. To provide affirmations and assurances the attached application and affidavits must be completed and signed by an authorized administrator, notarized and returned to the Board of Massage Therapy office. A complete application must accompany the title page and affidavit in order the Board to consider assigning a nontransferable provider number to the applicant. The following definitions and criteria should be used to complete the application process. (Repealed)~~

~~Definitions:~~

~~(1) Board Approved Continuing Education Provider: An individual; partnership; association; organization; educational institution; governmental agency; or licensed health care facility offering continuing education for massage therapists that meet Board criteria for approval.~~

~~(2) Board Approved Continuing Education Course: An activity that meets the definition of continuing education and has undergone approval by a Board approved provider of continuing education. A course or activity may be a program of multiple sessions or a single session lasting at least fifty (50) minutes (1.0 contact hour).~~

~~(3) Continuing Education: Planned, organized learning experiences designed to augment the knowledge, skill and attitudes for the enhancement of the practice of massage therapy.~~

~~(4) Continuing Education Contact Hour: Unit of measurement of continuing education that meets Board criteria for approval and lasts at least fifty (50) minutes.~~

~~(5) Continuing Education Earning Period: Two-year period of time during which contact hours must be accrued.~~

~~(6) Independent Study for Continuing Education: Self-directed learning experience carried out by the participant in an unstructured or structured setting including but not limited to, self-study, video, computer or on-line continuing education programs.~~

~~(7) Pre-Approved Provider: A Continuing Education Provider previously approved by a nationally recognized massage therapy association or organization~~

~~_____ (8) _____ Provider Number: A permanent, nontransferable number assigned by the Board to designate an approved provider.~~

~~CRITERIA FOR PROVIDERS AND ADMINISTRATIVE GUIDELINES~~

~~Standards for Providers.~~

- ~~_____ (1) _____ The Board approved provider is accountable for~~
- ~~_____ (a) _____ Demonstrating capability to meet and adhere to Board established standards to assure the provision of quality continuing education activities for massage therapists; and~~
 - ~~_____ (b) _____ The veracity and accuracy of continuing education provided; and~~
 - ~~_____ (c) _____ Compliance with the standards set forth in this chapter.~~

~~Mission and Objectives~~

~~The mission and objectives for the continuing education provider unit shall be written and available for review.~~

- ~~_____ (1) _____ The mission is written and evidences commitment to continuing education, principles of adult learning and enhancement of the practice of massage therapy.~~
- ~~_____ (2) _____ The objectives emanate from the mission and are written in terms from which administrative and course outcomes can be measured.~~

~~Policies and Procedures shall:~~

- ~~_____ (a) _____ Be written, current and structured to facilitate the implementation of planned continuing education activities.~~
- ~~_____ (b) _____ Include:~~
 - ~~_____ (1) _____ Assessment of need for continuing education activities,~~
 - ~~_____ (2) _____ Fee assessments,~~
 - ~~_____ (3) _____ Advertisements or announcements of activities,~~
 - ~~_____ (4) _____ Instructor qualifications,~~
 - ~~_____ (5) _____ Records maintenance,~~
 - ~~_____ (6) _____ Course approval, and~~
 - ~~_____ (7) _____ Processes for awarding contact hours~~

~~Reports and records shall:~~

- ~~_____ (1) _____ A permanent record is maintained regarding the approval status of the provider.~~
- ~~_____ (2) _____ Permanent records are maintained for all courses, course outlines, instructor qualifications, all course numbers assigned by the provider and contact hours awarded.~~
- ~~_____ (3) _____ Records of attendance of participants, courses attended and corresponding evaluations are maintained at least four years.~~
- ~~_____ (4) _____ Information provided on continuing education records of participants includes:~~
- ~~_____ (5) (a) _____ Name and address of the institution~~
 - ~~_____ (b) _____ Name and social security number of the individual participant.~~
 - ~~_____ (c) _____ Title of the program or activity.~~

- ~~_____ (d) _____ Completion date of the program or activity.~~
- ~~_____ (e) _____ Number of contact hours awarded~~
- ~~_____ (f) _____ Signature (or designated signature) of the contact person responsible for program/course.~~
- ~~_____ (g) _____ Statement of provider status and/or Board assigned provider number and board assigned or provider assigned course number.~~

~~_____ (6) _____ Records are made available to participants upon request.~~

~~Educational Facilities and Resources:~~

~~The provider shall have accessible and available, educational facilities, instructional aids and equipment for the planners, instructor(s) and learners consistent with the educational content, format, teaching methodology of each course.~~

~~_____ (1) _____ The facility is appropriate in size for the number of attendees.~~

~~_____ (2) _____ Physical facilities are selected with consideration of factors that are known to assist in achieving desirable learning outcomes; seating arrangements, appropriate lighting, sound control, safety and visual aids.~~

~~_____ (3) _____ Sufficient reference materials and other needed resources are available to enhance learning.~~

~~_____ (4) _____ Course outlines are maintained on file for at least four years and shall evidence the following:~~

~~_____ (5) (a) _____ Course title, sponsoring agency, date of presentation~~

~~_____ (b) _____ Outline of content and time frame~~

~~_____ (c) _____ Instructor qualifications to present the course~~

~~_____ (d) _____ Number of contact hours~~

~~_____ (e) _____ Requirements for satisfactory course completion~~

~~Instructor Qualifications.~~

~~The instructor(s) shall possess qualifications appropriate to the content of the activity.~~

~~_____ (1) _____ Educational credentials of the Instructor are appropriate to the target audience and the content.~~

~~_____ (2) _____ Experience correlates with the discipline being taught.~~

~~_____ (3) _____ Opportunity is given for participants in the course to evaluate instructor performance and knowledge.~~

~~_____ (4) _____ Instructor credentials are maintained on file for the period of time that the course is provided and for four years thereafter.~~

~~Requirements for Board Approval of Continuing Education Programs~~

~~Pursuant to 532-X-6-.02 of the Alabama Board of Massage Therapy Administrative Code, all prospective providers of continuing education courses in massage therapy or related topics must submit to the Board an application for approval of the courses(s) at least 60 days prior to the date on which the course is to be given. In order to receive Board approval as a provider, an applicant shall:~~

~~———— (1) ———— Submit a completed Massage Continuing Education Provider Application with Approved Provider Supplemental Program/ Instructor Information. Copies of which may be obtained from the Board office at 610 S. McDonough Street, Montgomery, AL 36104 or by accessing the Board website at www.almtbd.alabama.gov.~~

~~———— (2) ———— Sign and abide by written agreement to:~~

~~———— (a) ———— Provide an identifiable person to be responsible for ensuring that each program represented under their Board of Massage provider number meets program requirements set forth below.~~

~~———— (b) ———— Retain a "sign-in" sheet with the signature of participants, license number of each participant with the name of the course, date, location and CEU provider number and copies of any promotional materials for at least four years following the course.~~

~~———— (c) ———— Provide each participant with a certificate of attendance verifying the program has been completed. The certificate shall not be issued until completion of the program and shall contain the provider's name and number, title of program and program number, instructor, date, number of contact hours of credit, the licensee's name and license number.~~

~~———— (d) ———— Notify the Board of any significant changes relative to the maintenance of standards as set forth in these rules.~~

~~———— (3) ———— Each program presented by a Board approved provider shall:~~

~~———— (a) ———— Have stated learning objectives;~~

~~———— (b) ———— Be instructed by a person who meets at least one of the following criteria:~~

~~———— (i) ———— Holds a minimum of a bachelor's degree from a college or university which is accredited by a regional accrediting body recognized by the U.S. Department of Education or a substantially equivalent accrediting body of a foreign sovereign state, with a major in a subject directly related to the content of the program to be offered, or~~

~~———— (ii) ———— Has graduated from a school of massage which has a curriculum equivalent to requirements in this state and was approved by a state licensing authority, a nationally recognized massage therapy association or a substantially equivalent accrediting body, or the Board, and has completed two years of professional experience in the practice of massage, and~~

~~———— (iii) ———— Has, within the last five years of practical experience, had a minimum of two years teaching experience in the subject matter to be offered, or~~

~~———— (iv) ———— Has taught the same courses on this approved subject a minimum of 3 times in the past 2 years before a professional convention, professional group or at a massage therapy school, or~~

~~———— (v) ———— Has completed specialized training in the subject matter and has a minimum of two years of practical experience in the subject, or~~

~~———— (4) ———— Is licensed as a massage therapist in another state or foreign sovereign state having standards of education substantially similar to or more stringent than those required for licensure in Alabama and has practiced massage therapy for a minimum of 10 years, and~~

~~———— (a) ———— Has, within the last five years of practical experience, had a minimum of two years teaching experience in the subject matter to be offered, or~~

~~———— (b) ———— Has taught the same courses on this approved subject a minimum of 3 times in the past 2 years before a professional convention, professional group or at a massage therapy school, or~~

~~———— (c) ———— Has completed specialized training in the subject matter and has a minimum of two years practical experience in the subject, or~~

~~———— (5) ———— Has taught at a school of massage which has a curriculum equivalent to requirements in this state and was approved by a state licensing authority, a nationally recognized massage therapy association or a substantially equivalent accrediting body, or the Board for a minimum of two years, and~~

~~———— (a) ———— Has, within the last five years of practical experience, had a minimum of two years teaching experience in the subject matter to be offered, or~~

~~———— (b) ———— Has taught the same courses on this approved subject a minimum of 3 times in the past 2 years before a professional convention, professional group or at a massage therapy school, or~~

~~———— (c) ———— Has completed specialized training in the subject matter and has a minimum of two years of practical experience in the subject.~~

~~———— (d) ———— Provided, however, that approved courses in areas other than massage theory, history and techniques may be instructed by a person who meets at least one of the following criteria:~~

~~———— (i) ———— Holds a minimum of a bachelor's degree from a college or university which is accredited by a regional accrediting body recognized by the U.S. Department of Education or a substantially equivalent accrediting body of a foreign sovereign state, with a major in a subject directly related to the content of the program to be offered, or~~

~~———— (ii) ———— Has, within the last five years of practical experience, had a minimum of two years teaching experience in the subject matter to be offered, or~~

~~———— (iii) ———— Has taught the same courses on this approved subject a minimum of 3 times in the past 2 years before a~~

~~professional convention, professional group or at a massage therapy school, or~~

~~(iv) Has completed specialized training in the subject matter and has a minimum of two years of practical experience in the subject.~~

~~(6) The Board retains the right and authority to audit and/or monitor programs given by any provider. The Board will rescind provider status or reject individual programs given by a provider if the provider has disseminated any false or misleading information in connection with the continuing education program, or if the provider has failed to conform to and abide by the written agreement and rules of the Board.~~

~~(7) One hour of continuing education is defined as no less than 50 uninterrupted minutes of learning.~~

~~(8) Presenters/moderators, instructors of courses shall not receive credit for courses they present~~

~~(9) Whenever an instructor and his/her course have obtained approval by the Board, the instructor may teach the course at any time, in whole or in part, so long as the materials being taught do not deviate from course materials originally approved, there is no change of instructor, and the documentation of attendance clearly indicates the original course approval number and the hours of credit given for this version of the course. Therefore, the number of continuing education hours awarded for the course may be the original number of hours approved, or less. An increase of the number of continuing education hours awarded will require submission of forms for approval of a course.~~

~~(10) A Board approved provider must revise and update all course materials that are affected by changes occurring during the biennial renewal period. The Board will rescind approval of any provider or course that is found to be obsolete, erroneous, and/or outside the scope of practice, or if the Board determines the provider has violated the Board's rules. The revised course materials must be submitted with the biennial renewal form.~~

~~(11) Provider numbers must be renewed biennially. If the renewal form is not received by the Board on or before the anniversary date of the biennial year, the provider must submit in a new application and, if approved, receive a new provider number.~~

**~~ALABAMA BOARD OF MASSAGE THERAPY
610 MCDONOUGH STREET
MONTGOMERY, ALABAMA 36104
334/269-9990~~**

**~~APPLICATION FOR CONTINUING EDUCATION PROVIDERS
INSTRUCTIONS~~**

~~The Alabama Board of Massage Therapy approves continuing education for massage therapists based on the following criteria: Continuing Education means participation in an approved program or learning experience that is designed to facilitate continued competency including ethical and legal practice in the therapeutic massage and bodywork profession through participation in a learning process that enhances the licensee's current knowledge, skills and abilities through courses, seminars, workshops and classes in areas related to the practice of massage therapy such as: massage, bodywork, allied health care fields (including psychology and medicine), anatomy and physiology, business, insurance, movement therapy, stress management, yoga, CPR and advanced first aid as described in the Alabama Administrative Code 34-43-21.~~

~~Please answer all questions on the provider form. If the question is not relevant to you or your organization please state so. There is no charge for provider status, however we request that you submit to our Board every six months the programs that you provided.~~

~~Providers are generally approved for not more than two years. When the provider agreement expires it is the responsibility of the provider to obtain another application in a timely manner. If you have questions you may reach our office at the number listed above.~~

A11
~~ALABAMA BOARD OF MASSAGE THERAPY~~
~~610 S. MCDONOUGH STREET~~
~~MONTGOMERY, ALABAMA 36104~~
~~334/2699990~~

~~MASSAGE THERAPY CONTINUING EDUCATION~~
~~APPLICATION FOR AGENCIES PROVIDING~~
~~CONTINUING EDUCATION ACTIVITIES~~

Name of Agency or Department: _____

Address: _____

Telephone Number: _____ Director of CE: _____

Please check one: _____ New Application _____ Renewal Application

~~PLEASE ADDRESS THE FOLLOWING AS COMPLETELY AS POSSIBLE AND ATTACH ALL~~
~~REQUIRED INFORMATION~~

~~ORGANIZATION PLAN:— Statement of Purpose~~

~~(1) — What is your continuing education program's statement of~~
~~purpose with regard to:~~

- ~~A. The relationship of your program to massage therapy practice,~~
~~skills, knowledge and/or values enhancement?~~
- ~~B. The purpose of continuing education?~~
- ~~C. A plan to identify and promote current knowledge and needs in~~
~~the massage therapy practice?~~
- ~~D. Are any of your courses or programs offered via distance~~
~~learning?~~

_____ Yes _____ No

If yes, approximately what percentage of your courses/program would you classify as distance learning activities? _____ Less than 50% _____ more than 50%

If yes, please identify the type(s) of distance learning delivery system(s) used in your program (please check all that are applicable):
_____ online _____ videoconferencing _____ corresponding courses _____
others (please specify the other types of delivery systems used):

_____ E. _____ Is this a selfpaced or home study learning activity?

_____ No _____ Yes. If so, submit the following information in narrative form:

- i. Course and instructional outcomes
- ii. Unit objectives
- iii. Complete set of sequenced content materials
- iv. Testing process that reflects the program content.
For example, paper tests for concepts and theories
- v. Completed participant evaluation form of the course
- vi. Time allowed to complete the program. Explain the process in determining contact hours for program (i.e., three learners take the course, record their time to complete and then take average time. This determines the amount of hours needed to complete course work).

ADMINISTRATION:

1. Does your organization structure indicate authority to a continuing education director to implement your goals and objectives of presentation planning? (If appropriate, prove an organizational chart showing the relationship of the program director to your agency/organization's structure.)

_____ Yes _____ No

2. List the names, titles and academic degrees of individuals responsible for establishing your CE programs' scheduling:

Name _____	Title _____	Degree _____
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3. _____ Briefly describe in the space below, the professional experience or area of expertise, which qualifies the individual as an

~~instructor for this course. Include most recent positions, publications, etc.~~

~~4. How is the overall CE program schedule determined?~~

~~5. Is there permanent staff available for the planning and monitoring of the presentation?~~

~~_____ Yes _____ no~~

~~4. What methods will be used in individual program presentations (i.e., lectures, audiovisual, testing, etc.)?~~

~~5. What physical facilities are primarily used for CE presentations (space, equipment, etc.)?~~

~~6. Describe the record keeping systems for:~~

~~A. Verifying each individual participating in each individual presentation.~~

B. ~~Documenting each individual presentation in full including agency, instruction(s), evaluation, etc.~~

9. ~~Describe the evaluation procedures for the presentations (including copy if possible).~~

10. ~~How many individuals attend your presentations yearly?~~

11. ~~Approximately how many presentations do you offer?~~

12. ~~Attach copies of the following policies and procedures:~~

- a. ~~Qualifications of personnel for implementation of the planned courses.~~
- b. ~~Advertising guidelines.~~
- c. ~~Fee Assessment, refund guidelines~~
- d. ~~Numbering system to be used by the provider~~
- e. ~~System for awarding contact hours of credit~~
- f. ~~Retention and release of records, including the disposition of records in the event of the demise of the provider~~

~~(13) Submit one example of an outline for a continuing education activity that you plan to present or sponsor during the first twelve months of approval. Include the following:~~

- a. ~~Statement of course title, sponsoring agency, date or presentation~~
- b. ~~Statement of need for the course~~
- c. ~~Outline of content~~
- d. ~~Instructor qualifications to present the course~~
- e. ~~Number of contact hours~~
- f. ~~Requirements for satisfactory course completion~~

- g. ~~Evaluation form that you plan to use for evaluation of a course~~
- h. ~~Copy of an attendance record~~

~~ALABAMA BOARD OF MASSAGE THERAPY~~
~~610 S. McDonough Street~~
~~Montgomery, Alabama~~
~~334/2699990~~

~~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.

Author: Keith Warren

Statutory Authority:

History: New Rule: Filed May 21, 2007; effective June 25, 2007.

Repealed: Published ; effective .