

**Mississippi State Board of Physical Therapy**  
**P.O. Box 55707, Jackson, MS 39296-5707**  
**(601) 352-2918**

**Dry Needling Course Sponsor Prior Approval**

1. Course Title:  
  
Date(s):  
  
Duration (hours):
2. Location(s):
3. Sponsoring Organization:  
  
Address:
4. Course Instructor(s):
5. Course Instructor Background Information (i.e. education, employment, publications, and instruction experience – **attach resume or CV**)
6. Course Agenda/Instructional Timeline:
7. Course Objectives:
8. Course Description/Overview:
9. Sample Copy of Certificate of Completion
10. Please indicate if this continuing education activity has been approved for credit by any professional organizations. (Please List)
11. Please give a name, address and phone number of a contact person who can provide information concerning this activity.

***\*This form is to be used for the approval of dry needling credentialing only and not for CE approval.\****

*Please attach any course information, forms and brochures. Enclose a **\$50.00** administrative/course review fee for each course. This fee is non-refundable. Make check payable to **Mississippi State Board of Physical Therapy (MSBPT)**. Please enclose a self-addressed, stamped envelope so that a reply may be sent to you.*