

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

**Therapist Prior Approval of Dry Needling Course**

1. Physical Therapist Name:

License Number:

Address:

Home/Cell Phone:

Work Phone:

2. Course Title:

3. Course Sponsor:

Address of Sponsor:

4. Course Instructor(s):

5. Course Instructor Background Information (i.e. education, employment, publications, and instruction experience – **attach resume or CV**):

6. Date(s) of Course:

7. Location(s):

8. Course Agenda/Instructional Timeline:

9. Course Objectives:

10. Course Duration (hours):

11. Copy of Course Certificate of Completion:

12. Please indicate if this course has been approved for continuing education credit by any professional organizations?

***\*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)**.*