



# South Dakota Board of Massage Therapy

P.O. Box 340, 1351 N. Harrison Avenue, Pierre, SD 57501-0340

Ph: 605-224-1721

Fax: 1-888-425-3032

E-mail: [SDBMT@midwestsolutionssd.com](mailto:SDBMT@midwestsolutionssd.com)

[doh.sd.gov/boards/Massage](http://doh.sd.gov/boards/Massage)

## **SOUTH DAKOTA STATE BOARD OF MASSAGE THERAPY**

### **Regular Meeting**

**Conference Room #3, Kneip Building**

**700 Governors Drive, Pierre, SD**

**Monday, June 15, 2015 - 10:00 AM CDT**

- 1) Call to Order
- 2) Open Forum: *15 minutes for the public to address the Board*
- 3) Approval of Minutes: March 16, 2015
- 4) Financial Report: As of May 30, 2015
- 5)
- 6) Office Update:
  - a. New Licensee List
  - b. Renewal Preparations
- 7) Old Business:
  - a. Revised Application Forms
  - b. Long Term Finance Workgroup
  - c. Practice Act Workgroup
- 8) New Business:
  - a. Adoption of Findings in the Matter of Application of Li Li #2014-011
  - b. Adoption of Findings in the Matter of Application of Bryan Broussard #2014-006
  - c. Federation of State Massage Therapy Board Membership Renewal
  - d. Application Hearings (Files included in Packet)
    - Application License Hearing for Laura Brien #2015-005 (10:30 am)
    - Application License Hearing for Chuyan Chen #2014-007 (11:00 am)
    - Application License Hearing for Yamin Yang #2014-008 (11:30 am)
    - Application License Hearing for Chuyan Yang #2014-010 (1:00 pm)
    - Application License Hearing Meijun Zhang #2015-001 (1:30 pm)
    - Application License Hearing Zuojin Zhang #2015-002 (2:00 pm)
    - Application License Hearing Feng Wei #2015-003 (2:30 pm)
    - Application License Hearing Qunfang Huang 2015-004 (3:00 pm)
  - e. Student Internships
    - a. The Board has been asked to provide guidance to schools on recovering costs associated with internships for students related to practice massages and the costs associated with those practice massages.

*Recommendation: Costs associated with a student performing a massage may be recovered when the students performs such services within the scope of an approved massage therapy school curriculum under the supervision of a licensed massage therapist.*

- f. Legal Services Contract
  - g. Executive Services Contract
- 9) EXECUTIVE SESSION

*Pursuant to SDCL 1-25-2 (3) for consideration of proposed contested cases or contractual matters*

10) Announcements:

- a. Upcoming meetings
  - a. September 21, 2015
  - b. December 14, 2015

11) Adjourn

Please contact the Board at 605-224-1721 or [SDBMT@midwestsolutionssd.com](mailto:SDBMT@midwestsolutionssd.com) by June 12, 2015 at 5:00 pm (CDT) if you wish to join this meeting via teleconference.



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### South Dakota Board of Massage Therapy Regular Meeting Monday, March 16, 2015

President Kappel called the meeting to order at 10:04 am central and determined a quorum.

Present: Board Members Karen Kappel, Bridget Myers, Christine Ellwein, and Margaret Johnson; Executive Secretary Jennifer Stalley; and legal counsel Jim Carlon and Steve Blair. Also present: Rhanda Heller, Bryan Broussard, and Drea Miller. Gene Heller attended the meeting via telephone.

Absent: Board Member Linda Zeller

#### **Open Forum**

Kappel asked for public comments. Rhanda Heller addressed the Board. Heller asked the Board to avoid adopting a code of ethics that references a specific national organization, if a code of ethics is adopted. Heller asked the Board for a clear understanding of the Board's complaint process and the injunction process. Heller noted at least two complaints have been before the Board since November/December. Heller asked the Board to consider language similar to Iowa to allow the Board to have jurisdiction over establishments and people who are practicing without a license. Heller expressed frustration with the Board's inability to stop unlicensed practice. Heller asked the Board to look at changes to the massage therapy laws and Board processes to make the laws efficient, effective and enforceable.

#### **Approval of Minutes**

Motion to approve the Board Minutes of November 3, 2014 by Ellwein. Seconded by Myers. Motion carried.

#### **Financial Report**

Motion to approve the Financial Report as of February 28, 2015 by Myers. Seconded by Ellwein.

#### **Updated Board Policies Summary**

Stalley presented the Board with an updated version of the Board's Policies Summary to replace any previous versions. Stalley noted the Board's Policies Summary is also available on the Board's website.

### **Office Update**

Stalley presented an office update. Stalley presented the Board with the updated lists of new licensees and temporary permit holders since November 3, 2014.

Stalley updated the Board on the passage of House Bill 1102 during the 2015 Legislative Session. The bill will become law on July 1<sup>st</sup>. The bill provides the Board with the discretion to approve a license application from someone who has a felony conviction if the conviction is remote enough in time and of such a nature that the applicant does not pose a risk to public safety. The bill also removes the requirement that an applicant provide proof of a high school education or its equivalent as a requirement of licensure. This change will necessitate a change in the format of the application forms on July 1<sup>st</sup>.

The Board discussed requiring a photograph to be provided by the applicant at the time of application. The Board instructed Stalley to draft a revised application that makes the changes necessitated by House Bill 1102 and includes a requirement for a photograph of the applicant for consideration at the next meeting.

Stalley informed the Board of the timeline for the 2015 license renewal process. Information about renewal will be included in the May newsletter to licensees. All licensees will receive a reminder letter on July 1<sup>st</sup> and the renewal database will open on August 1<sup>st</sup> and remain open through September 30<sup>th</sup>. This is the same timeline for renewal used in 2014. In 2015, licensees only need to provide proof of malpractice insurance with the renewal application.

### **Long Term Finance Workgroup**

Kappel reported the Long Term Finance Workgroup has not met but will plan to meet prior to the June meeting.

### **Practice Act Workgroup**

The Practice Act Workgroup provided a tentative deadline for drafting recommended changes to the practice act and for taking public input on drafts. The workgroup expects to have a first draft to share for informal comments by May 15, 2015 and will schedule a conference call for informal comments by May 29, 2015. A second draft will be prepared for informal comments by August 14, 2015 and a conference call for informal comments will be held by August 28, 2015. A draft will be presented to the Board for its consideration at the September 21, 2015 meeting. The workgroup emphasized the dates were soft dates but the intention is to have an opportunity for public comments.

### **Code of Ethics**

The Practice Act Workgroup will make recommendations regarding a code of ethics as part of any recommendations regarding the practice act.

#### **Application Hearing of Li Li (#2014-011)**

The Board noted the time and place for the application hearing of Li Li at 11:00 am. Ms. Li did not appear for the hearing.

Motion to deny the application of Li Li (#2014-011) by Ellwein. Seconded by Myers. Motion carried.

#### **Application Hearings of Yamin Yang (#2014-008)/ Chunyan Chen (#2017-007)/ Chunyan Yang (#2014-010)/ Meijun Zhan (#2015-001)**

Blair informed the Board that counsel for Chunyan Yang and Meijun Zhan requested a continuance for their application hearings until June 15, 2015. Stalley informed the Board that a representative for Yamin Yang and Chunyan Chen requested a continuance for their application hearings until June 15, 2015.

Motion to continue the application hearings for Yamin Yang (#2014-008), Chunyan Chen (#2017-007), Chunyan Yang (#2014-010) and Meijun Zhan (#2015-001) to June 15, 2015 per the applicant's request by Ellwein. Seconded by Myers. Motion carried.

#### **Application Hearing of Chunyan Bi (#2014-009)**

Stalley informed the Board that Chunyan Bi contacted the Board and requested to withdraw her application for licensure.

Motion to allow Chunyan Bi withdraw her application for licensure by Ellwein. Seconded by Johnson. Motion carried.

#### **Application Hearing of Bryan Broussard (#2014-006)**

The Board noted the time and place for the application hearing of Bryan Broussard at 11:30 am. Mr. Broussard appeared before the Board and presented information concerning his application for licensure. The hearing concluded at 11:45 am.

#### **Board Complaint and Discipline Jurisdiction Presentation**

Carlton presented information concerning the Board's complaint process and limitations on its jurisdiction regarding unlicensed practice.

Motion to adopt a policy to authorize the Executive Secretary to refer complaints alleging unlicensed practice to the state's attorney at the time the complaint is filed with the Board and dismiss the complaint due to lack of jurisdiction by Johnson. Seconded by Ellwein. Motion carried.

## **Executive Session**

Motion to go into Executive Session for consideration of contested cases at 1:04 pm by Ellwein. Seconded by Johnson. Motion carried.

Motion to come out of Executive Session at 3:08 pm by Ellwein. Seconded by Johnson. Motion carried.

Motion to deny the application of Bryan Broussard (32014-006) by Ellwein. Seconded by Johnson. Motion carried.

Motion to dismiss Complaint 2014-02 by Ellwein. Seconded by Johnson. Motion carried. Myers was recused.

Motion to dismiss Complaint 2014-03 and refer the complaint to the state's attorney by Myers. Seconded by Johnson. Motion carried.

Motion to dismiss Complaint 2014-04 and refer the complaint to the state's attorney by Johnson. Seconded by Ellwein. Motion carried.

Motion to open complaint file 2015-04 and authorize Stalley to file a complaint on behalf of the Board by Ellwein. Seconded by Johnson. Motion carried.

## **Announcements**

Kappel reminded the Board of the meeting schedule for 2015. The remaining meetings for 2015 are scheduled for June 15<sup>th</sup>, September 21<sup>st</sup> and December 14<sup>th</sup>.

## **Adjourn**

Motion to adjourn by Ellwein. Second by Johnson. Motion carried.

Respectfully Submitted,

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Christine Ellwein, Secretary

# Remaining Authority by Object/Subobject

Expenditures current through 05/30/2015 09:51:33 AM

HEALTH -- Summary

FY 2015 Version -- AS -- Budgeted and Informational

FY Remaining: 8.8 %

09211 Board of Massage Therapy - Info						PCT
Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining	AVL
<b>EMPLOYEE SALARIES</b>						
5101030 Board & Comm Mbrs Fees	2,418	780	0	0	1,638	67.7
<b>Subtotal</b>	<b>2,418</b>	<b>780</b>	<b>0</b>	<b>0</b>	<b>1,638</b>	<b>67.7</b>
<b>EMPLOYEE BENEFITS</b>						
5102010 Oasi-employer's Share	256	66	0	0	190	74.2
<b>Subtotal</b>	<b>256</b>	<b>66</b>	<b>0</b>	<b>0</b>	<b>190</b>	<b>74.2</b>
<b>51 Personal Services</b>						
<b>Subtotal</b>	<b>2,674</b>	<b>846</b>	<b>0</b>	<b>0</b>	<b>1,828</b>	<b>68.4</b>
<b>TRAVEL</b>						
5203030 Auto-priv (in-st.) H/rte	4,000	1,351	0	0	2,649	66.2
5203100 Lodging/in-state	650	173	0	0	477	73.4
5203140 Meals/taxable/in-state	100	81	0	0	19	19.0
5203150 Non-taxable Meals/in-st	200	90	0	0	110	55.0
5203260 Air-comm-out-of-state	1,000	0	0	0	1,000	100.0
5203300 Lodging/out-state	1,000	0	0	0	1,000	100.0
<b>Subtotal</b>	<b>6,950</b>	<b>1,695</b>	<b>0</b>	<b>0</b>	<b>5,255</b>	<b>75.6</b>
<b>CONTRACTUAL SERVICES</b>						
5204020 Dues & Membership Fees	900	841	0	0	59	6.6
5204050 Computer Consultant	0	6,892	5,915	0	-12,807	0.0
5204080 Legal Consultant	10,000	5,999	0	0	4,001	40.0
5204090 Management Consultant	48,410	40,191	24,094	0	-15,875	0.0
5204160 Workshop Registration Fee	500	0	0	0	500	100.0
5204200 Central Services	578	659	0	0	-81	0.0
5204204 Central Services	250	146	0	0	104	41.6
5204207 Central Services	650	252	0	0	398	61.2
5204360 Advertising-newspaper	350	0	0	0	350	100.0
5204460 Equipment Rental	50	0	0	0	50	100.0
5204510 Rents-other	500	0	0	0	500	100.0
5204530 Telecommunications Srvc	500	337	0	0	163	32.6
5204550 Garbage & Sewer	0	52	0	0	-52	0.0
5204590 Ins Premiums & Surety Bds	1,000	740	0	0	260	26.0
5204960 Other Contractual Service	200	581	0	0	-381	0.0
<b>Subtotal</b>	<b>63,888</b>	<b>56,690</b>	<b>30,009</b>	<b>0</b>	<b>-22,811</b>	<b>0.0</b>

# Remaining Authority by Object/Subobject

Expenditures current through 05/30/2015 09:51:33 AM

HEALTH -- Summary

FY 2015 Version -- AS -- Budgeted and Informational

FY Remaining: 8.8 %

09211	Board of Massage Therapy - Info						PCT
Subobject		Operating	Expenditures	Encumbrances	Commitments	Remaining	AVL
<b>SUPPLIES &amp; MATERIALS</b>							
5205020	Office Supplies	450	55	0	0	395	87.8
5205310	Printing-state	600	358	0	0	242	40.3
5205320	Printing-commercial	600	410	0	0	190	31.7
5205350	Postage	1,000	2,273	0	0	-1,273	0.0
<b>Subtotal</b>		<b>2,650</b>	<b>3,096</b>	<b>0</b>	<b>0</b>	<b>-446</b>	<b>0.0</b>
<b>52 Operating</b>							
<b>Subtotal</b>		<b>73,488</b>	<b>61,481</b>	<b>30,009</b>	<b>0</b>	<b>-18,002</b>	<b>0.0</b>
<b>Total</b>		<b>76,162</b>	<b>62,327</b>	<b>30,009</b>	<b>0</b>	<b>-16,174</b>	<b>0.0</b>

BA1409R1

STATE OF SOUTH DAKOTA  
CASH CENTER BALANCES  
AS OF: 05/31/2015

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AGENCY: 09 HEALTH  
BUDGET UNIT: 09211 BOARD OF MASSAGE THERAPY

COMPANY	CENTER	ACCOUNT	BALANCE	DR/CR	CENTER DESCRIPTION
6503	092100061840	1140000	102,531.02	DR	BOARD OF MASSAGE THERAPY
COMPANY/SOURCE TOTAL 6503 618			102,531.02	DR *	
COMP/BUDG UNIT TOTAL 6503 09211			102,531.02	DR **	
BUDGET UNIT TOTAL 09211			102,531.02	DR ***	

Issued Licenses 3.16.15 through 5.28.2015

License Number	First Name	Middle Name	Last Name	Original License Date	City - Home	State - Home
MT11372	Jennifer		Buckley	03/19/2015	Keystone	SD
MT11384	Steven	Dean	Fjerstad	05/19/2015	Atwater	MN
MT11375	Michelle		Foss	03/30/2015	Salem	SD
MT11383	Natasha	Rae	Fritz	05/19/2015	Hazel	SD
MT11373	Anna	Mae	Hatle	03/19/2015	Meadow	SD
MT11382	Adam		Hosch	05/19/2015	Sturgis	SD
MT11381	Bethany		Kaul	05/05/2015	Sioux Falls	SD
MT11374	Madalyn	Michelle	Kusser	03/26/2015	Gettysburg	SD
MT11379	Jennifer		Pederson	05/04/2015	Summerset	SD
MT11380	Michele	Rubino	Ramakrishnan	05/05/2015	Burbank	SD
MT11378	Jessica		Rutkowski	04/22/2015	Black Hawk	SD
MT11385	Gregory		Thomas	05/20/2015	Sioux Falls	SD
MT11377	Lisa	M.	Thompson	04/10/2015	Mitchell	SD
MT11376	Natalie	Nicole	Walton	04/08/2015	Norfolk	NE
MT11371	Sara	Elizabeth	Weber	03/19/2015	Piedmont	SD

Temporary Permits issued 3.16.2015 through 5.28.2015

Permit #	First Name	Last Name	City - Home	State - Home	Issued Date
TEMP25	Brooke	Knoeppel	Sioux Falls	SD	03/19/2015
TEMP27	Sierra	Tschetter	Soux Falls	SD	03/25/2015
TEMP28	Bradley	DeWit	Sioux Falls	SD	04/22/2015



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### APPLICATION FOR LICENSE

Attach Photo Here  
For identification purposes,  
the applicant shall furnish  
one passport size  
photograph taken not more  
than six months before the  
date of application.

Please submit the following:

1. Completed application;
2. Nonrefundable renewal fee of \$75;
3. Licensing fee of \$45 (refundable if application is denied);
4. Copy of applicant's birth certificate or driver's license;
5. Verification of any name change by applicant;
6. Passport quality color photograph of applicant;
7. Proof of at least 500 hours of specific training in massage therapy by applicant  
(Completed Verification of Education Form from your school);
8. Proof of applicant's passing score on an accepted national certification exam;
9. A verification letter from each state where licensed, along with a copy of license; and
10. Proof of Malpractice or Professional Liability Insurance of at least \$250,000.

*A non-refundable fee of \$75 is required to be submitted with this application. Any application pending for 12 months or more will be returned to the applicant.*

*A licensing fee of \$45 is required to be submitted with this application. If your application is denied, this fee will be refunded.*

### APPLICANT INFORMATION

Name: \_\_\_\_\_  
Formerly Known As, if applicable: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### CONTACT INFORMATION

Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have another business addresses?  YES  NO *If yes, please provide additional contact information on a separate sheet.*

Do you prefer to receive mail from the Board at your:  Home  Primary Business

Would you like to receive email communications (i.e. newsletters, reminders, etc.) from the Board?  YES  NO

**MILITARY STATUS**

Are you the spouse of a member of the armed forces of the United States? \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, was your spouse the subject of a military transfer to South Dakota? \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, did you leave employment to accompany your spouse to South Dakota? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Yes \_\_\_\_\_ No

**EDUCATION** *(Please provide proof of all education stated.)*

Have you completed at least 500 of specific training in the practice of massage therapy? \_\_\_\_\_

Name of Facility where completed: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

*A completed Verification of Education Form is required to verify your massage therapy training.*

**NATIONAL EXAMINATION**

A passing score on a national certification exam is required for licensure. Please indicate which exam you passed.

- NESCL (NCBTMB)
- NBCA Massage Therapy Certification Exam (AMMA)
- NCETMB (NCBTMB)
- MBLEX (FSMTB)
- NCETM (NCBTMB)

**Please provide official/sealed proof from the exam service sent directly to the SD Board of Massage Therapy. Copies will not be accepted.**

**PROOF OF MALPRACTICE OR PROFESSIONAL LIABILITY INSURANCE**

Malpractice or professional liability insurance coverage of at least \$250,000 is required by law (SDCL 36-35-21) for your licensure. The applicant must be a named insured of the coverage.

Please provide the following information for your insurance coverage. If your insurance coverage expires during the term of your massage license, you are required by law to renew it.

Please include proof of your malpractice or professional liability insurance coverage by submitting a copy of your declarations page or certificate of insurance form your policy with this application.

Effective Date	Expiration Date	Carrier Name	Policy Number	Coverage Amount

**LEGAL QUESTIONS** (If you answer yes to any question, please provide a written explanation.)

Have you been convicted of or pled guilty to a felony, any crime involving or relating to the practice of massage, or any crime involving dishonesty or moral turpitude? \_\_\_ YES \_ NO

Have you been disciplined with a reprimand, censure, suspension, temporary suspension, probation, revocation, or refusal to renew a professional license in any state? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you \$1,000 or more behind in child support payments? \_\_\_ YES \_\_\_ NO

**OTHER LICENSES**

Do you currently hold a valid license to practice massage therapy in another state or the District of Columbia?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, which state(s)? \_\_\_\_\_

(If yes, please attach a copy of the current license. A letter of from the issuing state must be sent to the SD Board of Massage Therapy.)

**ASSOCIATIONS/3<sup>rd</sup> PARTY COMMUNICATIONS**

Are you a member of a state massage therapy association? \_\_\_\_\_ YES \_\_\_\_\_ NO

Would you like to receive mailings about continuing education opportunities from third parties? \_\_\_\_\_ YES \_\_\_\_\_ NO

**STATISTICAL INFORMATION**

These questions are asked for statistical purposes. Your answers are optional.

Do you practice massage therapy: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Do Not Practice

What is your gender? \_\_\_\_\_ Female \_\_\_\_\_ Male

What is your race? Please check all that apply.

- Asian
- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Pacific Islander
- Hispanic or Latino
- White or Caucasian
- Other
- Decline to Provide

**APPLICATION/LICENSE FEE** Please include a personal check, cashier's check, certified check or money order made payable to the State of South Dakota for the applicable amount.

\$75 non-refundable application fee

\$45 licensing fee (refundable if application is denied)





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**APPLICATION FOR TEMPORARY PERMIT**

Please submit the following:

1. Completed application;
2. Nonrefundable renewal fee of \$50;
3. Copy of applicant's birth certificate or driver's license;
4. Verification of any name change by applicant;
5. Passport quality color photograph of applicant;
6. Proof of at least 500 hours of specific training in massage therapy by applicant  
(Completed Verification of Education Form from your school);
7. A verification letter from each state where licensed, along with a copy of license;
8. Proof of Malpractice or Professional Liability Insurance of at least \$250,000.

*Attach Photo Here*

For identification purposes, the applicant shall furnish one passport size photograph taken not more than six months before the date of application.

*A non-refundable fee of \$50 is required to be submitted with this application.*

*If issued, a Temporary Permit is valid for up to 180 days. A Temporary Permit expires after 180 days or in the event a regular license is issued or upon failure to pass a licensing examination.*

*Upon passage of a licensing exam, the Temporary Permit holder must complete an application for licensure and pay a licensing fee of \$45.*

**APPLICANT INFORMATION**

Name: \_\_\_\_\_

Formerly Known As, if applicable: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**CONTACT INFORMATION**

Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have another business addresses?  YES  NO *If yes, please provide additional contact information on a separate sheet.*

Do you prefer to receive mail from the Board at your:  Home  Primary Business

Would you like to receive email communications (i.e. newsletters, reminders, etc.) from the Board?  YES  NO

**MILITARY STATUS**

Are you the spouse of a member of the armed forces of the United States? \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, was your spouse the subject of a military transfer to South Dakota? \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, did you leave employment to accompany your spouse to South Dakota? \_\_\_\_\_ YES \_\_\_\_\_ NO

**EDUCATION** *(Please provide proof of all education stated.)*

Have you completed at least 500 of specific training in the practice of massage therapy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Facility where completed: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

*A completed Verification of Education Form is required to verify your massage therapy training.*

**PROOF OF MALPRACTICE OR PROFESSIONAL LIABILITY INSURANCE**

Malpractice or professional liability insurance coverage of at least \$250,000 is required by law (SDCL 36-35-21) for your licensure. The applicant must be a named insured of the coverage.

Please provide the following information for your insurance coverage. If your insurance coverage expires during the term of your massage license, you are required by law to renew it.

Please include proof of your malpractice or professional liability insurance coverage by submitting a copy of your declarations page or certificate of insurance form your policy with this application.

Effective Date	Expiration Date	Carrier Name	Policy Number	Coverage Amount

**LEGAL QUESTIONS** *(If you answer yes to any question, please provide a written explanation.)*

Have you been convicted of or pled guilty to a felony, any crime involving or relating to the practice of massage, or any crime involving dishonesty or moral turpitude? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you been disciplined with a reprimand, censure, suspension, temporary suspension, probation, revocation, or refusal to renew a professional license in any state? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you \$1,000 or more behind in child support payments? \_\_\_\_\_ YES \_\_\_\_\_ NO

**OTHER LICENSES**

Do you currently hold a valid license to practice massage therapy in another state or the District of Columbia?

\_\_\_\_\_ YES \_\_\_\_\_ NO If Yes, which state (s)? \_\_\_\_\_

*(If yes, please attach a copy of the current license. A letter of from the issuing state must be sent to the SD Board of Massage Therapy.)*

**ASSOCIATIONS/3<sup>rd</sup> PARTY COMMUNICATIONS**

Are you a member of a state massage therapy association? \_\_\_\_\_ YES \_\_\_\_\_ NO

Would you like to receive mailings about continuing education opportunities from third parties? \_\_\_\_\_ YES \_\_\_\_\_ NO

**STATISTICAL INFORMATION**

These questions are asked for statistical purposes. Your answers are optional.

Do you practice massage therapy: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Do Not Practice

What is your gender? \_\_\_\_\_ Female \_\_\_\_\_ Male

What is your race? Please check all that apply.

- Asian
- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Pacific Islander
- Hispanic or Latino
- White or Caucasian
- Other
- Decline to Provide

**APPLICATION/LICENSE FEE** *Please include a personal check, cashier's check, certified check or money order made payable to the State of South Dakota for the applicable amount.*

- \$50 non-refundable Temporary Permit fee

*If issued, a Temporary Permit is valid for up to 180 days. A Temporary Permit expires after 180 days or in the event a regular license is issued or upon failure to pass a licensing examination.*

*Upon passage of a licensing exam, the Temporary Permit holder must complete an application for licensure and pay a licensing fee of \$45.*

*BY MY SIGNATURE BELOW, I VERIFY, UNDER PENALTY OF PERJURY, THAT I AM THE LICENSEE COMPLETING THIS APPLICATION AND THAT ALL INFORMATION SUBMITTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT FALSE OR INCORRECT INFORMATION, OMISSIONS, INACCURACIES OR FAILURES TO MAKE FULL DISCLOSURE MAY RESULT IN THE CANCELLATION OR DENIAL OF A LICENSE ISSUED PURSUANT TO THIS APPLICATION AND MAY BE SUBJECT TO CIVIL AND CRIMINAL PROCEEDINGS. I AGREE ALL INFORMATION IN THIS APPLICATION CAN BE VERIFIED AND INVESTIGATED. I HAVE READ, AND AM FAMILIAR WITH THE SOUTH DAKOTA CODIFIED LAWS AND ADMINISTRATIVE RULES REGULATING MASSAGE THERAPY AND HEREBY AGREE TO ABIDE BY SUCH LAWS AND REGULATIONS.*

**To be signed in the presence of a Notary Public**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) SS

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, the above applicant \_\_\_\_\_ personally appeared, known to me or satisfactorily proven to be the same person whose name is subscribed to the written instrument, and acknowledged that she/he executed the same for the purposes therein contained. In witness whereof, I have hereunto set my hand and official seal.

(SEAL)

\_\_\_\_\_, Notary Public

Notary Printed Name \_\_\_\_\_

My Commission Expires \_\_\_\_\_

*For Office Use Only: Check # \_\_\_\_\_ Amount \_\_\_\_\_ Date*



South Dakota Board of Massage Therapy  
 P.O. Box 340, 105 S. Euclid Ave., Ste. C Pierre, SD 57501-0340  
 Ph.: 605-224-1721 Fax: 888-425-3032

E-mail: [SDBMT@midwestsolutionssd.com](mailto:SDBMT@midwestsolutionssd.com) [www.doh.sd.gov/boards/Massage](http://www.doh.sd.gov/boards/Massage)

**APPLICATION TO REACTIVATE INACTIVE LICENSE**

Attach Photo Here  
 For identification purposes, the applicant shall furnish one passport size photograph taken not more than six months before the date of application.

Please submit the following:

1. Completed application;
2. A copy of verification of any name change;
3. Proof of at least 8 hours of continuing education received in the last two years;
4. Proof of Professional Liability Insurance of at least \$250,000; and
5. Nonrefundable renewal fee of \$45.

Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
 Formerly Known As, if applicable: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you practice massage therapy:  Full Time  Part-Time  Do Not Practice

**Please answer the following questions: If you answer yes to any question, please provide a written explanation.**

Have you ever been convicted of or pled guilty to a felony, any crime involving or relating to the practice of massage, or any crime involving dishonesty or moral turpitude?  YES  NO

Have any proceedings ever been taken against you in connection with licensure or practice as a massage therapist or any licensed profession in South Dakota or any other jurisdiction?  YES  NO

Have you been disciplined with a reprimand, censure, suspension, temporary suspension, probation, revocation or refusal to renew a professional license in any state?  YES  NO

Are you \$1,000 or more behind in child support payments?  YES  NO

Do you agree to demonstrate professional conduct at all times while licensed as a massage therapist.  YES  NO

**Malpractice or Professional Liability Verification: Please attach verification of your insurance coverage Certificate of Insurance or Policy Declarations Page.**

Do you have malpractice or professional liability insurance coverage of at least \$250,000 in effect, as required by state law.  YES  NO

**Continuing Education Verification:** Please attach verification of each course listed. You must also maintain a copy of the verification for your records for 2 years after the date of this renewal.

**Continuing Education Reporting**  
(At least 8 hours of qualifying continuing education\* must be completed in the past two years.)

Date of Program	Title of Continuing Education Program	Hours Earned

\*Qualifying continuing education includes education provided by an approved provider of the National Certification Board for Therapeutic Massage and Bodywork or the American Medical Massage Association or any course with a clear purpose and objective which maintains, improves, or expands the skills and knowledge relevant to massage therapy of the human body.

**License Renewal Fee:** Please include a personal check, cashier's check, certified check or money order made payable to the State of South Dakota for the applicable amount.

\$45 renewal fee enclosed

BY MY SIGNATURE BELOW, I VERIFY, UNDER PENALTY OF PERJURY, THAT I AM THE LICENSEE COMPLETING THIS APPLICATION AND THAT ALL INFORMATION SUBMITTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT FALSE OR INCORRECT INFORMATION, OMISSIONS, INACCURACIES OR FAILURE TO MAKE FULL DISCLOSURE MAY RESULT IN THE CANCELLATION OF OR DENIAL OF A LICENSE ISSUED PURSUANT TO THIS APPLICATION AND MAY BE SUBJECT TO CIVIL AND CRIMINAL PROCEEDINGS. I AGREE ALL INFORMATION IN THIS APPLICATION CAN BE VERIFIED AND INVESTIGATED. I HAVE READ, AND AM FAMILIAR WITH THE SOUTH DAKOTA CODIFIED LAWS REGULATING MASSAGE THERAPY AND HEREBY AGREE TO ABIDE BY SUCH LAWS.

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date

For Office Use Only: Check # \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_



# South Dakota Board of Massage Therapy

P.O. Box 340, 105 S. Euclid Ave., Ste C Pierre, SD 57501-0340

Ph: 605-224-1721

Fax: 1-888-425-3032

E-mail: [SDBMT@midwestsolutionssd.com](mailto:SDBMT@midwestsolutionssd.com)

[doh.sd.gov/boards/Massage](http://doh.sd.gov/boards/Massage)

## APPLICATION FOR LICENSURE BY RECIPROCITY

Please submit the following:

1. Completed application;
2. Nonrefundable renewal fee of \$75;
3. Licensing fee of \$45 (refundable if application is denied)
4. Copy of birth certificate or driver's license;
5. Verification of any name change, if applicable;
6. Proof of at least 500 hours of specific training in massage therapy by applicant  
(Completed Verification of Education Form from your school);
7. Proof of Licensure by a State that offers licensing reciprocity (a copy of license);
8. Verification of State Licensure and Reciprocity from each state licensed in;
9. Proof of a passing score on an accepted national certification exam; and
10. Proof of Professional Liability Insurance of at least \$250,000.

Attach Photo Here

For identification purposes, the applicant shall furnish one passport size photograph taken not more than six months before the date of application.

*A non-refundable fee of \$75 is required to be submitted with this application.*

*A licensing fee of \$45 is required to be submitted with this application. If your application is denied, this fee will be refunded.*

Name: \_\_\_\_\_

Formerly Known As, if applicable: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you intend to practice massage therapy:     Full Time     Part-Time     Do Not Practice

Are you the spouse of a member of the armed forces of the United States?     YES     NO

If Yes, was your spouse the subject of a military transfer to South Dakota?     YES     NO

If Yes, did you leave employment to accompany your spouse to South Dakota?     YES     NO

**Education:** *Please provide proof of all education stated below.*

Have you completed at least 500 of specific training in the practice of massage therapy? \_\_\_ Yes \_\_\_ No

Name of Facility where completed: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

*A completed Verification of Education Form is required to verify your massage therapy training.*

**Proof of Licensure in a State Offering Reciprocity:**

Do you hold a valid current license to practice massage therapy in another state? \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, which state (s)? \_\_\_\_\_

*Please provide a copy your current license from each state and a completed Verification of State Licensure and Reciprocity Form from each state.*

**Malpractice or Professional Liability Verification:** *Please attach verification of your insurance coverage Certificate of Insurance or Policy Declarations Page.*

Do you have malpractice or professional liability insurance coverage of at least \$250,000 in effect, as required by state law. \_\_\_ YES \_\_\_ NO

**Please answer the following questions:** *If you answer yes to any question, please provide a written explanation.*

Have you ever been convicted of or pled guilty to a felony, any crime involving or relating to the practice of massage, or any crime involving dishonesty or moral turpitude? \_ YES \_ NO

Have any proceedings ever been taken against you in connection with licensure or practice as a massage therapist or any licensed profession in South Dakota or any other jurisdiction? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you been disciplined with a reprimand, censure, suspension, temporary suspension, probation, revocation or refusal to renew a professional license in any state? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you \$1,000 or more behind in child support payments? \_\_\_ YES \_\_\_ NO

Do you agree to demonstrate professional conduct at all times while licensed as a massage therapist. \_\_\_ YES \_\_\_ NO

**License Application Fee:** *Please include a personal check, cashier's check, certified check or money order made payable to the State of South Dakota for the applicable amount.*

\$75 non-refundable application fee enclosed

\$45 licensing fee (refundable if application is denied)

BY MY SIGNATURE BELOW, I VERIFY, UNDER PENALTY OF PERJURY, THAT I AM THE LICENSEE COMPLETING THIS APPLICATION AND THAT ALL INFORMATION SUBMITTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT FALSE OR INCORRECT INFORMATION, OMISSIONS, INACCURACIES OR FAILURE TO MAKE FULL DISCLOSURE MAY RESULT IN THE CANCELLATION OF OR DENIAL OF A LICENSE ISSUED PURSUANT TO THIS APPLICATION AND MAY BE SUBJECT TO CIVIL AND CRIMINAL PROCEEDINGS. I AGREE ALL INFORMATION IN THIS APPLICATION CAN BE VERIFIED AND INVESTIGATED. I HAVE READ, AND AM FAMILIAR WITH THE SOUTH DAKOTA CODIFIED LAWS REGULATING MASSAGE THERAPY AND HEREBY AGREE TO ABIDE BY SUCH LAWS.

**To be signed in the presence of a Notary Public**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) SS

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, the above applicant \_\_\_\_\_ personally appeared, known to me or satisfactorily proven to be the same person whose name is subscribed to the written instrument, and acknowledged that she/he executed the same for the purposes therein contained. In witness whereof, I have hereunto set my hand and official seal.

(SEAL)

\_\_\_\_\_  
Notary Public

Notary Printed Name \_\_\_\_\_

My Commission Expires \_\_\_\_\_

*For Office Use Only: Check # \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_*

SOUTH DAKOTA  
BOARD OF MASSAGE THERAPY

---

IN THE MATTER OF THE  
LICENSURE OF:  
BRYAN BROUSSARD

)  
)  
)  
)  
)

CASE NO. 2014-006  
  
FINDINGS OF FACT AND  
CONCLUSIONS OF LAW

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The above-captioned matter having come on for hearing on March 16, 2015 pursuant to the Notice of Contested Case Hearing dated November 14, 2014, and the Applicant, Bryan Broussard, appearing in person and without legal counsel, and having indicated on the record his desire to proceed without legal counsel, and the Board having heard the testimony and considered the evidence, makes and enters Findings of Fact and Conclusions of Law as follow:

FINDINGS OF FACT

1. Bryan Broussard has applied for licensure as a massage therapist.
2. Broussard has not completed 500 hours of training or study in the practice of massage therapy with a facility or instructor recognized by the Board.
3. Broussard completed a 300 hour program at Texas Healing Arts Institute in Austin, Texas.
4. The Board has not recognized Texas Healing Arts Institute as a provider of a 500 hour course of training or study in the practice of massage therapy. The Texas Healing Arts Institute is a provider of a 300 hour course of study.
5. Broussard has taken an additional 200 hours of continuing education courses from Tao Health Clinic in Austin, Texas. Broussard requests that the Board accept continuing education along with the 300 training course from Texas Healing Arts Institute in satisfaction of the training requirements required by South Dakota statute and rule.

6. Tao Health Clinic is not recognized by the Board as a provider of a 500 hour training course in the practice of massage.

#### CONCLUSIONS OF LAW

7. The Board has personal subject matter jurisdiction. This matter is properly before the Board for a decision.
8. An applicant to be licensed in South Dakota as a massage therapist must complete no less than 500 hours of training or study in the practice of massage therapy with a facility or instructor recognized by the Board. Applicant Bryan Broussard does not meet this requirement.
9. The Texas Healing Arts Institute is not recognized as a provider of a 500 hour course. It provides a 300 hour course, apparently because this is all that was required by Texas.
10. The Tao Health Clinic is not recognized as a provider of a 500 hour training course in the practice of massage by South Dakota. The Tao Health Clinic may be recognized as a provider of continuing education but, this does not qualify it or recognize it as a provider of a 500 training course in the practice of massage therapy.
11. In addition to completing a 500 hour training course at a facility or with an instructor recognized by the Board, the hours of training must meet the requirements of ARSD 20:76:01:06.
12. When an applicant has completed a 500 hour training course at a facility or with an instructor recognized by the Board, but his or her education does not meet the requirements of ARSD 20:76:01:06, the Board will allow the applicant to augment or supplement their education with up to 25 hours of continuing education from a qualified continuing education provider.

13. The Board will allow an applicant to obtain 500 hours of training in massage therapy from more than one provider as long as each provider is the provider of a 500 hour course of study and training in massage therapy and is recognized by the Board. Thus, an applicant is not required to obtain all 500 hours meeting the requirements of ARSD 20:76:01:06 from one provider.

14. The applicant Bryan Broussard does not meet the training requirements of ARSD 20:76:01:06 or SDCL 36-35-12(3).

An order should be entered denying Broussard's application.

Dated this 15<sup>th</sup> day of June, 2015.

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Karen Kappel, President  
Board of Massage Therapy

05/30/2015

PURCHASE ORDER DETAIL REPORT  
OPEN PURCHASE ORDERS OPEN LINES  
BY BUDGET UNIT

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AGENCY: 09 HEALTH  
BUDGET UNIT: 09211 BOARD OF MESSAGE THERAPY

PO NUMBER	LINE STATUS	COMP	*-----ACCOUNT-----*	*--	-CENTER--	*ORDERED	RECEIVED	INVOICED	UNIT PRICE	REMAINING
		ITEM NUMBER	ITEM SHORT NAME	REQUISITION #			EFFECTIVE DATE			EXTENDED AMOUNT
15SC09A209	PO STATUS READY	ENTERED	08/22/2014	PRINTED		LAST ACT	01/08/2015		PO TOTAL	12,807.00
	BUY ENTITY SRVC	PAY ENTITY	0900	VENDOR	12301068	BUYER	090	OPEN LINES	3	
	0003	CMLPT/R	6503	520405000000000000	092110061840	1	0	1	12,807.00000	5,915.00
		CONTRACTS		SDBOMT				12/19/2014		
15SC090239	PO STATUS READY	ENTERED	10/03/2014	PRINTED		LAST ACT	05/06/2015		PO TOTAL	49,862.00
	BUY ENTITY SRVC	PAY ENTITY	0900	VENDOR	12199902	BUYER	090	OPEN LINES	2	
	0001	CMLPT/R	6503	520409000000000000	092110061840	1	0	1	42,436.00000	17,681.69
		CONTRACTS		SDBOMT				10/03/2014		
	0002	CMLPT/R	6503	520409000000000000	092110061840	1	0	1	7,426.00000	6,412.35
		CONTRACTS		SDBOMT				10/03/2014		
						*		BUY ENTITY SRVC TOTAL		30,009.04
						**		BUDGET UNIT TOTAL		30,009.04

STATE OF SOUTH DAKOTA  
 REVENUE SUMMARY BY BUDGET UNIT  
 FOR PERIOD ENDING: 05/31/2015

AGENCY 09 HEALTH  
 BUDGET UNIT 09211 BOARD OF MESSAGE THERAPY

CENTER	COMP	ACCOUNT	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE	
COMPANY NO		6503				
COMPANY NAME		PROFESSIONAL & LICENSING BOARDS				
092110061840	6503	4293101	RENEWAL FEES	.00	33,750.00	
092110061840	6503	4293102	INACTIVE FEES	25.00	1,150.00	
092110061840	6503	4293103	TEMPORARY FEES	100.00	700.00	
092110061840	6503	4293990	MASSAGE THERAPY LIC & APP	715.00	10,065.00	
ACCT:	4293	BUSINESS & OCCUP LICENSING (NON-GOVERNMENTAL)		840.00	45,665.00	*
ACCT:	42	LICENSES, PERMITS & FEES		840.00	45,665.00	**
092110061840	6503	4491000	INTEREST & DIVIDENDS-PRGM	.00	1,645.47	
ACCT:	4491	INTEREST & DIVIDENDS (NON-GOVERNMENTAL)		.00	1,645.47	*
ACCT:	44	REVENUE FROM THE USE OF MONEY & PROPERTY		.00	1,645.47	**
092110061840	6503	4595001	MISC INCOME COPIES-LISTS	.00	700.00	
ACCT:	4595			.00	700.00	*
ACCT:	45	CHARGES FOR SALES & SERVICES		.00	700.00	**
CNTR:	092110061840			840.00	48,010.47	***
CNTR:	092110061			840.00	48,010.47	****
CNTR:	0921100			840.00	48,010.47	*****
COMP:	6503			840.00	48,010.47	*****
B UNIT:	09211			840.00	48,010.47	*****

BA1710R3 05/30/2015

STATE OF SOUTH DAKOTA  
 COMPANY 6503 TRIAL BALANCE BY BUDGET UNIT  
 AS OF: 05/31/2015

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AGENCY: 09  
 CENTER: 09211 BOARD OF MASSAGE THERAPY

ACCOUNT	ACCOUNT DESCRIPTION	MONTHLY ACTIVITY		DEBITS	FYTD BALANCE	CREDITS
		DEBITS	CREDITS			
<b>ASSETS</b>						
1140000	POOLED FUND CASH	3,438.50	4,505.62	102,531.02		.00
	TOTAL ASSETS	3,438.50 *	4,505.62 *	102,531.02 *		.00 *
<b>LIABILITIES</b>						
2100000	PAYABLES	4,272.95	4,272.95	.00		.00
	TOTAL LIABILITIES	4,272.95 *	4,272.95 *	.00 *		.00 *
<b>EQUITY</b>						
3200000	FUND BALANCE	3,719.01	.00	.00	30,009.04	
	TOTAL EQUITY	3,719.01 *	.00 *	.00 *	30,009.04 *	
<b>REVENUES</b>						
4200000	LICENSES, PERMITS & FEE	5.00	845.00	.00	45,665.00	
4400000	REVENUE/USE OF MONEY/PR	.00	.00	.00	1,645.47	
4500000	CHARGES FOR SALES & SER	.00	.00	.00	700.00	
	TOTAL REVENUES	5.00 *	845.00 *	.00 *	48,010.47 *	
<b>EXPENSES</b>						
5100000	PERSONAL SERVICES	.00	.00	845.87		.00
5200000	OPERATING EXPENSES	4,500.62	2,593.50	61,479.54		.00
	TOTAL EXPENSES	4,500.62 *	2,593.50 *	62,325.41 *		.00 *
<b>APPROPRIATION</b>						
7100000	PERSONAL SERVICES	.00	.00	.00	2,674.00	
7200000	OPERATING EXPENSES	.00	.00	.00	73,488.00	
7900000	BUDGET OFFSET	.00	.00	76,162.00		.00
		.00 *	.00 *	76,162.00 *	76,162.00 *	
<b>ENCUMBRANCES</b>						
8200000	OPERATING EXPENSES	.00	3,719.01	30,009.04		.00
	TOTAL ENCUMBRANCES	.00 *	3,719.01 *	30,009.04 *		.00 *
<b>BUDGET UNIT TOTALS</b>		15,936.08 **	15,936.08 **	271,027.47 **	154,181.51 **	

STATE OF SOUTH DAKOTA  
 MONTHLY REVENUE AND JOURNAL VOUCHER REPORT  
 FOR PERIOD ENDING: 05/31/2015

AGENCY 09 HEALTH  
 BUD UNIT 09211 BOARD OF MASSAGE THERAPY

COMP	CENTER	ACCOUNT	DOCUMENT ID	POST DATE	APPROVAL, VENDOR, OR PO #	EFFECT DATE	AMOUNT	DR CR
COMPANY NO		6503						
COMPANY NAME		PROFESSIONAL & LICENSING BOARDS						
6503	092110061840	4293102	C0951628	05/26/2015	235121	05/26/2015	25.00	CR
6503	092110061840	4293103	C0951628	05/26/2015	235121	05/26/2015	100.00	CR
6503	092110061840	4293990	C0951628	05/26/2015	235121	05/26/2015	720.00	CR
6503	092110061840	4293990	M09LIC5073	05/06/2015		05/06/2015	5.00	DR
TOTAL ACCOUNT GROUP NET CHANGE							840.00	CR *
6503	092110061840	520408000000000000	C0951618	05/22/2015	234807	05/21/2015	1,163.00	CR
6503	092110061840	520496000000000000	E0950527	05/22/2015	MC2137	05/04/2015	20.00	DR
6503	092110061840	520496000000000000	E0950527	05/22/2015	MC2137	05/04/2015	20.00	DR
6503	092110061840	520496000000000000	E0950527	05/22/2015	MC2137	05/04/2015	20.00	CR
6503	092110061840	520402000000000000	E0950545	05/31/2015		05/27/2015	500.00	CR
6503	092110061840	520462000000000000	E0950545	05/31/2015		05/27/2015	910.50	CR
6503	092110061840	520420000000000000	FM503067	05/20/2015		05/14/2015	120.32	DR
6503	092110061840	520535000000000000	MS504050	05/20/2015		05/14/2015	11.99	DR
6503	092110061840	520420700000000000	PL504055	05/15/2015		05/05/2015	55.36	DR
TOTAL ACCOUNT GROUP NET CHANGE							2,365.83	CR *
6503	092110061840	820409000000000000	0415CON150239	05/06/2015	15SC090239	05/06/2015	3,536.33	CR
6503	092110061840	820409000000000000	0415CON150239	05/06/2015	15SC090239	05/06/2015	182.68	CR
TOTAL ACCOUNT GROUP NET CHANGE							3,719.01	CR *
TOTAL COMPANY--NET CHANGE							6,924.84	CR **

STATE OF SOUTH DAKOTA  
 MONTHLY OBJECT/SUB-OBJECT REPORT BY BUDGET UNIT  
 FOR PERIOD ENDING: 05/31/2015

AGENCY 09 HEALTH  
 BUDGET UNIT 09211 BOARD OF MASSAGE THERAPY  
 CENTER-5 09211 BOARD OF MASSAGE THERAPY

CENTER	COMP	ACCOUNT	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE	
COMPANY NO		6503				
COMPANY NAME		PROFESSIONAL & LICENSING BOARDS				
092110061840	6503	510103000000000000	BOARD & COMM MBRS FEES	.00	780.00	
ACCT:	5101	EMPLOYEE SALARIES		.00	780.00	*
092110061840	6503	510201000000000000	OASI-EMPLOYER'S SHARE	.00	65.87	
ACCT:	5102	EMPLOYEE BENEFITS		.00	65.87	*
ACCT:	51	PERSONAL SERVICES		.00	845.87	**
092110061840	6503	520303000000000000	AUTO-PRIV (IN-ST.) H/RTE	.00	1,350.50	
092110061840	6503	520310000000000000	LODGING/IN-STATE	.00	172.67	
092110061840	6503	520314000000000000	TAXABLE MEALS/IN-STATE	.00	81.00	
092110061840	6503	520315000000000000	NON-TAXABLE MEALS/IN-ST	.00	90.00	
ACCT:	5203	TRAVEL		.00	1,694.17	*
092110061840	6503	520402000000000000	DUES & MEMBERSHIP FEES	500.00-	840.80	
092110061840	6503	520405000000000000	COMPUTER CONSULTANT	.00	6,892.00	
092110061840	6503	520408000000000000	LEGAL CONSULTANT	609.06-	5,998.65	
092110061840	6503	520409000000000000	MANAGEMENT CONSULTANT	3,719.01	40,191.22	
092110061840	6503	520420000000000000	CENTRAL SERVICES	120.32	659.31	
092110061840	6503	520420400000000000	RECORDS MGMT SERVICES	.00	145.60	
092110061840	6503	520420700000000000	HUMAN RESOURCES SERVICES	55.36	252.27	
092110061840	6503	520453000000000000	TELECOMMUNICATIONS SRVCS	.00	337.27	
092110061840	6503	520455000000000000	GARBAGE & SEWER	.00	51.59	
092110061840	6503	520459000000000000	INS PREMIUMS & SURETY BDS	.00	740.00	
092110061840	6503	520462000000000000	TAXES & LICENSE FEES	910.50-	.00	
092110061840	6503	520496000000000000	OTHER CONTRACTUAL SERVICE	20.00	581.27	
ACCT:	5204	CONTRACTUAL SERVICES		1,895.13	56,689.98	*
092110061840	6503	520502000000000000	OFFICE SUPPLIES	.00	54.50	
092110061840	6503	520531000000000000	PRINTING-STATE	.00	358.08	
092110061840	6503	520532000000000000	PRINTING-COMMERCIAL	.00	410.00	
092110061840	6503	520535000000000000	POSTAGE	11.99	2,272.81	
ACCT:	5205	SUPPLIES & MATERIALS		11.99	3,095.39	*
ACCT:	52	OPERATING EXPENSES		1,907.12	61,479.54	**
COMP:	6503	PROFESSIONAL & LICENSING BOARDS		1,907.12	62,325.41	***
CENTER:	092110061840			1,907.12	62,325.41	****
B UNIT:	09211			1,907.12	62,325.41	*****

STATE OF SOUTH DAKOTA  
 MONTHLY EXPENDITURE REPORT  
 FOR PERIOD ENDING: 05/31/2015

AGENCY 09 HEALTH  
 BUDGET UNIT 09211 BOARD OF MASSAGE THERAPY

COMP	CENTER	ACCOUNT	DOCUMENT NUMBER	POSTING DATE	JV APPVL #, OR PAYMENT #	SHORT NAME	VENDOR NUMBER	VENDOR GROUP	AMOUNT	DR/ CR
COMPANY NO		6503								
COMPANY NAME		PROFESSIONAL & LICENSING BOARDS								
6503	092110061840	520402000000000000	E0950545	05/31/2015					500.00	CR
	OBJSUB:	5204020							500.00	CR **
6503	092110061840	520408000000000000	C0951618	05/22/2015	234807				1,163.00	CR
6503	092110061840	520408000000000000	0515CON150128014	05/31/2015	00207559	CARLONLAWO	12041015		553.94	DR
	OBJSUB:	5204080							609.06	CR **
6503	092110061840	520409000000000000	0415CON150239	05/08/2015	00202655	MIDWESTSOL	12199902		182.68	DR
6503	092110061840	520409000000000000	0415CON150239	05/08/2015	00202655	MIDWESTSOL	12199902		3,536.33	DR
	OBJSUB:	5204090							3,719.01	DR **
6503	092110061840	520420000000000000	FM503067	05/20/2015					120.32	DR
	OBJSUB:	5204200							120.32	DR **
6503	092110061840	520420700000000000	PL504055	05/15/2015					55.36	DR
	OBJSUB:	5204207							55.36	DR **
6503	092110061840	520462000000000000	E0950545	05/31/2015					910.50	CR
	OBJSUB:	5204620							910.50	CR **
6503	092110061840	520496000000000000	E0950527	05/22/2015	MC2137				20.00	DR
6503	092110061840	520496000000000000	E0950527	05/22/2015	MC2137				20.00	DR
6503	092110061840	520496000000000000	E0950527	05/22/2015	MC2137				20.00	CR
	OBJSUB:	5204960							20.00	DR **
	OBJECT:	5204 CONTRACTUAL SERVICES							1,895.13	DR ***
6503	092110061840	520535000000000000	MS504050	05/20/2015					11.99	DR
	OBJSUB:	5205350							11.99	DR **
	OBJECT:	5205 SUPPLIES & MATERIALS							11.99	DR ***
	GROUP:	52 OPERATING EXPENSES							1,907.12	DR ****
	COMP:	6503							1,907.12	DR *
	CNTR:	092110061840							1,907.12	DR *****
	CNTR:	092110061							1,907.12	DR *****
	CNTR:	0921100							1,907.12	DR *****
	B. UNIT:	09211							1,907.12	DR *****

BA20JB60

AVAILABLE FUNDS  
AS OF: 05/31/2015  
FY YEAR REMAINING: 8.5%  
PAY DAYS REMAINING: 2

MONTHLY

PAGE 1,600

BUDGET UNIT 09211

DATE 05/30/2015

BUDGET UNIT NAME BOARD OF MASSAGE THERAPY

COMP	ORIGINAL APPROPRIATION	APPROPRIATION TRANSFERS	YEAR-TO-DATE COMMITMENTS	YEAR-TO-DATE ENCUMBRANCES	YEAR-TO-DATE EXPENDITURES	AVAILABLE APPROPRIATIONS	CASH BALANCE
6503-I	76,162.00	0.00	0.00	30,009.04	62,325.41	16,172.45-	102,531.02
BUDGETED TOT	76,162.00	0.00	0.00	30,009.04	62,325.41	16,172.45-	
ALL COMP TOT	76,162.00	0.00	0.00	30,009.04	62,325.41	16,172.45-	

TOTAL BUDGETED:

	OBJECT OF EXPENDITURE	AMOUNT BUDGETED	COMMITMENTS YEAR-TO-DATE	ENCUMBRANCES YEAR-TO-DATE	EXPENDITURES		BUDGET AVAILABLE	PCT AVL
					MONTHLY	YEAR-TO-DATE		
5101	EMPLOYEE SALARIES	2,418.00	0.00	0.00	0.00	780.00	1,638.00	67.7
5102	EMPLOYEE BENEFITS	256.00	0.00	0.00	0.00	65.87	190.13	74.3
5203	TRAVEL	6,950.00	0.00	0.00	0.00	1,694.17	5,255.83	75.6
5204	CONTRACTUAL SVCS	63,888.00	0.00	30,009.04	1,895.13	56,689.98	22,811.02-	0.0
5205	SUPPLIES & MATRLS	2,650.00	0.00	0.00	11.99	3,095.39	445.39-	0.0
	TOTALS	76,162.00	0.00	30,009.04	1,907.12	62,325.41	16,172.45-	0.0

BREAKOUT BY COMPANY:

COMPANY 6503-I PROFESSIONAL & LICENSING BOARDS

5101000	EMPLOYEE SALARIES	2,418.00	0.00	0.00	0.00	780.00	1,638.00	67.7
5102000	EMPLOYEE BENEFITS	256.00	0.00	0.00	0.00	65.87	190.13	74.3
5203000	TRAVEL	6,950.00	0.00	0.00	0.00	1,694.17	5,255.83	75.6
5204000	CONTRACTUAL SVCS	63,888.00	0.00	30,009.04	1,895.13	56,689.98	22,811.02-	0.0
5205000	SUPPLIES & MATRLS	2,650.00	0.00	0.00	11.99	3,095.39	445.39-	0.0
	PS SUBTOTALS	2,674.00	0.00	0.00	0.00	845.87	1,828.13	68.4
	OE SUBTOTALS	73,488.00	0.00	30,009.04	1,907.12	61,479.54	18,000.58-	0.0
	COMPANY 6503-I TOT	76,162.00	0.00	30,009.04	1,907.12	62,325.41	16,172.45-	0.0