

Dry Needling Approval Request

Please fill out form and return to sdbmoe@state.sd.us

Requestor (Licensee) Name:

Requestor (Licensee) Email Address:

Requestor (Licensee) Direct Phone Number:

Name of Organization Providing Training:

Date Training was Completed:

Course Documents: Attach documents to email

Proof of Course Completion: Attach Proof of Course Completion to email