

NATIONAL CERTIFICATION EXAMINATION CANDIDATE HANDBOOK

NCBTMB VERIFICATION OF EDUCATION FORM

This form may be used in lieu of an official transcript, if the education/training institution does not issue transcripts, or as a supplement to an official transcript, if the transcript does not provide information regarding the number of hours in a particular course. Verification must be signed by the School President or Program Director.

Name of Candidate: _____

SCHOOL

(1) Name: _____

(2) Address: _____

(Please attach grade sheets, mark sheets or other record showing course completed by year and grades)

(3) Length of Program: _____

(4) Date of Admission: _____ Date of Completion: _____

Date of Graduation: _____ Credential Award: _____

(5) Program is accredited or recognized by: _____

(6) List the hours spent in instruction in each of the following subjects:

Subject <i>(In class, instructor supervised course work)</i>	Hours of Instruction
Human Anatomy/Physiology, Kinesiology <i>(To include all 11 systems of the human body)</i>	
Clinical Pathology and recognition of various conditions	
Massage/bodywork theory, assessment and practice* <i>(Must be in-class, instructor supervised course work)</i>	
Adjunct techniques and methods	
Business practices and professionalism <i>(Minimum 6 clock hours of ethics required)</i>	
Other:	
TOTAL Hours <i>(To include above and any additional hours required for graduation)</i>	

DETACH HERE

Verification must be signed by the school President or Program Director and must include the official seal or stamp of the school.

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the individual named on this form. NCBTMB reserves the right to request additional documentation or further evidence of academic accomplishments.

Signature: _____

Print Name: _____

Title: _____ Date: _____

Phone: _____