



NESL OPTION CERTIFICATION CONVERSION APPLICATION

For those candidates who have taken and passed one of the National Certification Examinations under the National Examination for State Licensing (NESL) Option and wish to become nationally certified, please complete this form and submit it to the address listed on page 3 with the following items:

1. A sealed official school transcript.
2. A clear and fully legible photocopy of a current government issued identification (e.g. driver's license, passport or military ID). The form of identification must include a picture of yourself.
3. Payment (Please refer to the date on which you tested to determine the necessary fee)
 - a. If you tested within six months of the date this application is postmarked, please include a check or money order in the amount of \$50.00
Payable to: NCBTMB / NESL Conversion.
 - b. If you tested more than six months from the date this application is postmarked please include a check or money order in the amount of \$75.00
Payable to: NCBTMB / NESL Conversion.

PLEASE NOTE: If your test date is more than 2 years (24 months) from the date this application is postmarked you are NOT eligible for conversion and must complete the certification application process and retest in order to become nationally certified.

Please make sure you have completed all steps (1-15) on this form and included all items listed above (1-3) before submitting. If any of the items are not completed and included, your request will not be processed.

1. Full Name: _____
2. Name at Time of Testing (if different): _____
3. Social Security Number: _____
4. Address: _____
5. City: _____ 6. State: _____ 7. Zip: _____
8. Is this an address change? Yes No
9. Phone Number: _____ 10. Email: _____
11. Name of School Attended: _____ 12. School Code: _____
(If you do not know your school code, please go to <http://www.ncbtmb.org/cgi-bin/SchoolSearch.cgi> to search for your school.)
13. City and State of School Attended: _____
14. NESL Examination Date (month, day and year): _____
15. Examination Taken : NCETM NCETMB



In an effort to better serve the public trust, NCBTMB reserves the right to perform a criminal history background check and to deny an application or remove a credential based on the commission of a felony. Moreover, NCBTMB considers the prevention of sexual misconduct in massage and bodywork to be important in protecting the public. Consequently, NCBTMB may, in its discretion, deny an application or remove a credential based on the commission of a crime involving sexual misconduct.

Answers to the following questions are **mandatory**. Failure to respond to each question will result in the application being returned. Failure to provide accurate, true and correct information shall constitute grounds for denial of your application, or removal of the credential.

1) Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? *Please include all misdemeanors and felonies, even if the court withheld adjudication so that you would not have a record of conviction. For the purposes of this question, driving under the influence and driving while impaired are not considered minor traffic offenses.* Yes No

2) Are you now or have you ever been a defendant in a civil litigation in which the basis of the complaint against you was alleged negligence, malpractice, lack of professional competence, or sexual misconduct? Yes No

3) Is there currently pending against you, in any state or jurisdiction, a complaint against your professional conduct or competence? Yes No

4) With respect to any of the questions above to which you answered "Yes," did any of the proceedings involve sexual misconduct? Yes No

If you answered "Yes" to any question above, you must submit the following before your application will be considered:

1. A complete written explanation of the circumstances surrounding the proceedings, including a narrative describing:
 - a. Where the incident occurred
 - b. The date the incident occurred
 - c. The outcome of the proceedings. Any penalty/sentence associated with the incident
 - d. When the penalty/sentence was or will be fulfilled or completed
2. Copies of court documents. If the documents are not available, indicate the jurisdiction in which the proceedings occurred and why the documents are not available. The more information that you provide, the less time will be needed to review your eligibility status. If all of the appropriate information is not provided, the processing of your application will be delayed and your application may be considered incomplete. All information submitted in accordance with this Question shall remain confidential, except that it may be disclosed to NCBTMB staff and legal counsel for processing and to law enforcement agencies, and state, county and/or local governmental agencies as provided below.



The information I have provided is accurate, true, and correct to the best of my knowledge. I agree to inform NCBTMB of all changes to the information included in this application while I am an applicant and for as long as I am certified by NCBTMB. I understand that the NCBTMB reserves the right to verify any and all information in this application or in connection with my certification. Therefore, I understand and agree that my failure to provide accurate, true and correct information or to respond to authorized NCBTMB requests for additional information shall constitute grounds for rejection of my application or denial or revocation of my certification. I have read, understand and agree to be bound by the policies and procedures, Code of Ethics, and Standards of Practice promulgated by the National Certification Board for Therapeutic Massage & Bodywork (NCBTMB). I understand and agree that my failure to abide by NCBTMB's policies and procedures, Code of Ethics, and Standards of Practice shall constitute grounds for rejection of my application or denial or revocation of my certification.

Please sign below to indicate your agreement to report any changes in your answers to the above questions to NCBTMB, in accordance with the Statement of Understanding and Standards of Practice I(w), II(f), II(g), and II(h).

Please NOTE: **NCBTMB reserves the right to refuse any application that is not signed. All information that is submitted to NCBTMB, including photographs, may be provided to law enforcement agencies, and state, county and/or local governmental agencies upon their request and at the discretion of NCBTMB.**

Signature _____ Date _____

Printed name _____

**Wachovia Bank/NCBTMB
PO Box 758845
Baltimore, MD 21275-8845**