



National Certification Board for[®]
Therapeutic Massage & Bodywork



RECERTIFICATION APPLICATION

Mission: The mission of the National Certification Board for Therapeutic Massage & Bodywork (NCBTMB) is to define and advance the highest standards in the massage therapy and bodywork profession.

IIIa

Version 10.1

The National Certification Examination for Therapeutic Massage and Bodywork (NCETMB) and the National Certification Examination for Therapeutic Massage (NCETM) programs are accredited by the National Commission for Certifying Agencies (NCCA).

RECERTIFICATION APPLICATION

CHECKLIST

I. GENERAL APPLICANT INFORMATION AND PAYMENT

- Complete the certificant contact information.
- Enclose the current Recertification Payment (\$125)
- If applicable, enclose late fees
- Read, sign, and date background check/opt out of mailing lists/code of conduct page.

II. SUBMITTING 48 CONTINUING EDUCATION HOURS

- Complete six (6) hours of Ethics, including two (2) hours in Standard V: Roles and Boundaries
- Complete the appropriate pages telling us about your continuing education hours (Part I, Part II, and/or Part III). All pages are not applicable.
- Keep for your records all certificates (or transcripts) of all continuing education course hours. Do not submit them at this time. If audited, you are required to submit these items.

III. SUBMITTING 200 WORK EXPERIENCE HOURS

- Complete the information telling us about your 200 Work Experience Hours.
- Keep for your records all massage logs or other proof of 200 hours of massage-related work experience. Do not submit them at this time. If audited, you are required to submit these items.

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Dear Certificant,

We strongly encourage you to read the Recertification Reference Guide, Publication #689 in its entirety before you begin this recertification process. Recertification information has been updated or changed. To view a PDF of the Recertification Reference Guide, visit our website.

To order a hard copy, call 1-888-802-6600 and ask for Publication #689.

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I. APPLICATION SECTION

Completed applications must include all applicable fees and must be received on or before your expiration date. After that date, your status will be changed to LAPSED and additional fees may be required. (See the table below for current application fee and late charges, if applicable.)

Certificant Contact Information and Payment

			<u>Internal Office Use Only</u>
			Audit: Yes No
First Name:		Last Name:	
Certificant Number:		Expiration Date:	
Last 4 digits of your SS#:		Mailing Address:	
Phone (Daytime):		City:	
Phone (Cell):		State:	
Phone (Other):		Zip Code:	
Fax:		Email Address:	
If received after your recertification due date:	Additional Fee:	Notes:	
Up to 3 years	\$75	Your status is LAPSED until all documents and fees are received. During lapsed status, you can not use the NCTM or NCTMB logo/credentials or advertise that you are nationally certified.	

(Fees are subject to change)

PAYMENT INFORMATION

Current Recertification Fee: \$125

Additional Late Fee (if applicable) \$ _____

Total Due \$ _____

Note: All payments are non-refundable

Check or Money Order – Made payable to “NCBTMB”

Visa Mastercard \$ _____ (Indicate total to charge to this card)

Name on Card: _____

Card Number: _____

Signature: _____

Expiration Date: _____

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BACKGROUND CHECK

If an effort to better serve the public trust, NCBTMB reserves the right to conduct and/or review a criminal history background check and to deny an application or remove a credential based on the commission of a crime. Such denial and/or removal of a credential shall be determined on a case-by-case basis.

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.

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 adjunction 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

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

Is there currently pending against you, in any state or jurisdiction, a complaint against your professional conduct or competence?

Yes No

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 of the above questions, you must submit the following before your application will be considered complete:

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
 - d. Any penalty/sentence associated with the incident
 - e. 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 any why the documents are not available.

All application materials that are submitted remain confidential. 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.

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All information submitted 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 needed.

Please sign your name 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 in this Application and Standards of Practice I(w), II(f), II(g), and II(h).

Signed: _____

Date: _____

OPT OUT OF MAILING LISTS

Every certificant is included in the mailing list unless he/she requests to be taken off the list. Please check the box(es) below if you wish to opt out of mail and email solicitations.

- I DO NOT wish my name, address, and office contact information to be released from the NCBTMB database for referral purposes. This includes the “Find a Practitioner” portion of the NCBTMB website.
- I DO NOT wish to be contacted about continuing education courses through the sale of mailing labels, or other professional opportunities by other organizations.
- I DO NOT wish to receive electronic notification from the NCBTMB. This includes official notification, newsletters, press releases, etc.

CODE OF CONDUCT AGREEMENT

The information I have provided is accurate, true and correct to the best of my knowledge. I have read, understood, 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 and Bodywork (NCBTMB). I agree to inform and release to the NCBTMB or its agents all pertinent information related to my certification/recertification, both now and in the future. I understand that the NCBTMB reserves the right to verify any and all information in this application or in connection with my certification/recertification. Therefore, I understand and agree that my failure to provide accurate, true, and correct information, respond to authorized NCBTMB requests for additional information, or abide by the NCBTMB policies and procedures, Code of Ethics, or Standards of Practice shall constitute grounds for (a) rejection of my application or (b) denial or revocation of my certification. I understand that the information contained in this application is confidential and will be used for aggregate purposes only. Further, I attest that I have read and understood the contents of this application and the reference guide, and agree to abide by the policies and procedures outlined therein.

Signed: _____

Date: _____

NCBTMB reserves the right to deny processing of any application that is not signed.

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PART 2: NON-APPROVED PROVIDER COURSEWORK (Up to 48 Continuing Education Hours)

Use the chart below for your continuing education coursework taken, including all STATE MANDATED Ethics hours. These courses must meet NCBTMB guidelines and requirements for continuing education. Retain your Ethics certificates or transcripts for your records, but do not submit them at this time. (See the Recertification Reference Guide)

Ethics hours must add up to at least six (6) hours; two (2) must be in Standard V: Roles and Boundaries.

NON-APPROVED PROVIDER COURSEWORK <i>(Note: 1:1 ratio applies to those recertifying through 12/31/2012)</i>				
Non-NCBTMB Provider Name	Name of Course	Date Completed	# CE Hrs Awarded	
			Exp. Dates through 12/31/2012 1:1 Ratio	Exp. Dates Beginning 1/1/2013 2:1 Ratio Hrs ÷ 2
Example: Thai Massage School	Example: Thai Massage Level 1	Example: 12/31/2012	Example: 16 CE hours	Example: 8 CE hours
Example: Thai Massage School	Example: Thai Massage Level 1	Example: 1/11/2013		
TOTAL:				

If needed, duplicate this form for additional entries.

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PART 3: ACCREDITED COLLEGE/UNIVERSITY OR PROFESSIONAL ALLIED HEALTH COURSEWORK

(Up to 48 Continuing Education Hours)

Use the chart below for your continuing education courses for massage therapy/bodywork related coursework completed from an accredited College/University or Professional Allied Health, **including all Ethics hours**. Retain your Ethics certificates or transcripts for your records, but do not submit them at this time. (See the Recertification Reference Guide)

Ethics hours must add up to at least six (6) hours; two (2) must be in Standard V: Roles and Boundaries.

COLLEGE/UNIVERSITY OR PROFESSIONAL ALLIED HEALTH RELATED COURSEWORK (For CE Hours, See Conversion Chart Below)				
Name of college, university or professional allied health	Name of Course	Date Completed	Credits Earned	CE Hours
<i>Example: Illinois Community College</i>	<i>Example: Cadaver Study</i>	<i>Example: 12/31/2012</i>	<i>Example: 2</i>	<i>Example: 20</i>
TOTAL:				

Contact Hour Conversion Chart	
<p><u>Semester System:</u> 2 credit course = 30 Continuing Education Hrs 3 credit course = 45 Continuing Education Hrs 4 credit course = 60 Continuing Education Hrs</p>	<p><u>Quarter or Trimester System:</u> 2 credit course = 20 Continuing Education Hrs 3 credit course = 30 Continuing Education Hrs 4 credit course = 40 Continuing Education Hrs</p>

The NCBTMB no longer accepts education hours that have been carried over from the previous recertification cycle.

If needed, duplicate this form for additional entries.

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Winter 2010

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III: SUBMITTING 200 WORK EXPERIENCE HOURS

You may submit your 200 work experience hours in massage therapy and/or bodywork (includes energy work) all in one category or from any combination of categories 1-7 (See key below chart). Retain your massage logs or other proof of 200 hours of massage-related work experience for your records, but do not submit them at this time. For category descriptions and time calculations, see the Recertification Reference Guide.

200 Work Experience Hours										
Year	Check one per line (See key below)							Brief description of your work experience	Location (City, State)	Hours Worked
	1	2	3	4	5	6	7			
<i>Example: 2007</i>		✗						<i>Example: Volunteer, Recertification Sub-Committee for NCBTMB</i>	<i>Example: Oakbrook Terrace, IL</i>	<i>Example: 75</i>
TOTAL:										

(Work Experience Hours must add up to 200 or more)

KEY

- 1 = Massage Therapy and/or Bodywork (includes Energy work)
- 2 = Volunteerism
- 3 = Administration

- 4 = Teaching/Teaching Assistant
- 5 = Curriculum Development
- 6 = Writing/Publishing
- 7 = Research

If needed, duplicate this form for additional entries.



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Mail completed applications to:

U. S. Postal Service Delivery
**NCBTMB-Recertification
75 Remittance Drive
Suite 1112
Chicago, IL 60675-1112**

Expedited Delivery (FedEx, UPS, DHL)
**NCBTMB-Recertification
350 New Orleans Street
Receipt & Dispatch 8th Floor
Chicago, IL 60654**

To avoid problems with processing your recertification application, it is important that you follow the guidelines outlined in the Recertification Reference Guide, Publication #689. If you have any questions about the policies, procedures or processing of your application, please contact the National Certification Board for Therapeutic Massage & Bodywork (NCBTMB) online at www.ncbtmb.org or by phone at (800) 296-0664.

Publication #690