



ONLINE APPLICATION: STATEMENT OF UNDERSTANDING

Please read the following statement. In the space that is provided, please sign and date to indicate your understanding and agreement to comply. Failure to comply may result in a delay in processing your application and/or forfeiture of eligibility to test and/or your application fee.

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 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 and 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.

I understand that the demographic information provided on NCBTMB's application is confidential and will be used for aggregate purposes only.

I hereby attest that I am taking this examination for purposes of certification and/or a licensing requirement in the state or municipality in which I have chosen to practice. I further understand that I am prohibited from transmitting information regarding examination questions or content in any form to any person or entity, and understand that failure to comply with this prohibition may result in my certification being revoked and/or legal action being taken against me.

I understand that National Certification is NOT a substitute for my local and/or state licensing requirements.

I understand that my name, address and office contact information will become part of the registry of NCBTMB upon successful completion of the examination, unless I specifically request that my name not be released.

I attest that I have read the Candidate Handbook and understand its contents, and I attest that I agree to abide by the policies and procedures outlined therein.

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: _____