

Staple a recent photograph of yourself here.

APPLICATION FOR NATIONAL CERTIFICATION EXAMINATIONS

Wachovia Bank/NCBTMB • P.O. Box 758845 • Baltimore, MD 21275-8845

- 1 Choose exam you wish to take:** National Certification Examination for Therapeutic Massage & Bodywork (NCETMB)
 National Certification Examination for Therapeutic Massage (NCETM)

2 PERSONAL

Name _____
COMPLETE LEGAL NAME LAST FIRST MIDDLE INITIAL FORMER NAME (if applicable)

Address: _____ Apt. _____

City _____ State _____ Zip Code _____

Phone (Primary) _____ (Secondary) _____

E-mail _____

Social Security # _____ Date of Birth _____ Sex M F

- 3** Candidates may now have test scores sent to the state regulatory agency of their choice. Candidates may select ONE of the following states to which their scores will be sent in order to obtain a license to practice. Please place an X in the box next to the ONE state to which you would like to have your scores sent. If the state to which you would like to have your scores sent is not listed, please go to page 39, entitled Official Transcript Request Form, and follow the directions that are provided. NCBTMB will update these options for candidates as they become available.
- Arizona Florida Illinois New Mexico Tennessee Washington None

4 PAYMENT INFORMATION

Examination Fee: \$225.00 * Fees may increase at anytime

Check Voucher (please attach copy) Visa MasterCard
 Online (do not submit additional payment) Money Order

Total Amount Charged _____

Name On Card: _____

Card Number: _____ Exp. Date: ____/____/____

SIGNATURE _____

Mark this if you do not wish to be contacted about continuing education courses through the sale of mailing labels, or other professional opportunities by other organizations.

5 PRIMARY LANGUAGE:

English Other (Specify) _____

If English is not your primary language and you would like extra time for the exam, please submit a written request and payment of \$45 for an additional 90 minutes.

6 SPECIAL ACCOMMODATIONS FOR CANDIDATES WITH A DISABILITY

Do you require special accommodations under the Americans with Disabilities Act and/or Title VII of the Civil Rights Act?

Yes No

If yes, a letter and supporting documentation MUST accompany this application when it is submitted. Please refer to page 9, section 10 for directions regarding the materials that are required.

7 CERTIFICATION REGISTRY

Mark only if you do not wish your name, address and office contact information released from the Nationally Certified Practitioners database for referral purposes. This includes web site referrals.

8 Candidates who do not meet the eligibility criteria for certification, outlined in the National Certification Examination Candidate Handbook, are encouraged to apply for National Certification through NCBTMB's Portfolio Review Process (please visit our website at www.ncbtmb.com or call us at 800-296-0664 for additional information). If a candidate does not wish to become nationally certified, but is still required to take and pass the National Certification Examination in order to practice in a particular jurisdiction, then he or she may select, NCBTMB National Examination for States Licensing (NESL) option. The NESL option is available to any candidate who is denied eligibility for certification through NCBTMB, either by the traditional application or portfolio review process. In addition, the NESL option is available to candidates who do not wish to become nationally certified or do not meet the eligibility criteria that are outlined in this the National Certification Examination Candidate Handbook. Candidates who select the NESL option are not required to submit notarized copies of diplomas and/or official transcripts. However, candidates are still required to adhere to all policies and procedures associated with the examinations, as they are outlined in the National Certification Examination Candidate Handbook.

- Please place a mark in the box if you wish to take the National Certification Examination (NCETMB) or National Certification Examination for Therapeutic Massage ONLY in order to become National Certified.
- Please place a mark in the box if you wish to take the National Certification Examination under the NESL option.

Please note that all candidates who take and pass the NESL option are not Nationally Certified unless they meet all the eligibility criteria that are outlined in the National Certification Examination Candidate Handbook and submit all required documentation. If at a later date these candidates wish to become nationally certified, then the candidate will be required to meet the eligibility criteria for certification that are in effect at that point in time.

NATIONAL CERTIFICATION BOARD FOR THERAPEUTIC MASSAGE AND BODYWORK

9 EDUCATION AND TRAINING

Highest Education Level

- Some high school
- High school
- Some college
- Technical/Vocational certificate
- Junior college graduate
- BA/BS
- MA/PhD/Other Advanced Degree
- Other (Specify) _____

10 Hours of Massage/Bodywork Training

- 500
- 501 to 850
- 851 to 1000
- Over 1000

11 Practice Setting

- Private Practice
- Spa
- Hospital/Nursing Home
- Beauty/Skin Care Salon
- Fitness Center/Health Club
- Corporation/On-Site
- Sports Medicine Facility
- Chiropractic/Osteopathy Office
- Holistic Health Center
- Other Health Professional Office
- Resort/Hotel/Cruise Ship
- Other(Specify) _____

12 Client Sessions per Week

- 10 or less
- 31 to 40
- 11 to 20
- 21 to 30
- Over 40

13 Primary Discipline

- Traditional European
- Oriental
- Contemporary Western
- Energetic
- Structural/Functional/Movement Integration
- Eclectic/Combination
- Other _____

14 School(s) Attended:

- Code # _____
- Other _____

15 Years Practicing Massage or Bodywork

- Less than 1
- 1 to 2
- 3 to 5
- 6 to 10
- 11 to 15
- 16 to 20
- Over 20

16 PROFESSIONAL WORK EXPERIENCE

Do you work Full time Part time Waiting to begin practice

17 RECEIPT OF MATERIALS

Please indicate how you obtained the Candidate Handbook and Application

1. From NCBTMB Phone Web site
2. From your school Name of school _____

18 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.

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 _____

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 and 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.

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 18 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 in Question 20 of this Application.

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 in Question 20 of this Application and Standards of Practice I(w), II(f), II(g), and II(h).

Signature _____ Date _____

19 CHECK LIST (PLEASE CHECK EACH BOX)

Have you:

- Read the Handbook cover to cover?
- Understood NCBTMB policies?
- Read and agreed to be bound by the NCBTMB Code of Ethics, Standards of Practice, and the policies and procedures outlined in this handbook?
- Completed the application form in its entirety, including your school code? Your school code is very important so that we can track the pass/fail rate.
- Enclosed the application fee of \$225.00 and other other fees if special requests have been requested, made payable to NCBTMB?
- Requested that your school send a copy of your OFFICIAL SCHOOL TRANSCRIPT directly to NCBTMB?
- Enclosed a photocopy of a current government issued identification?
- Enclosed a notarized copy of your certificate or diploma from an established school of massage therapy or bodywork?
- Attached a recent photograph of yourself to the application form? (page 33)
- Made a copy of your entire application packet for your records? (Your original records will not be returned to you.)
- Addressed your application envelope to:
Wachovia Bank/NCBTMB
P.O. Box 758845
Baltimore, MD 21275-8845
(Sending your application directly to NCBTMB's office will delay your processing.)

If you have not signed your application, enclosed the required documentation, or correct fees, your application will not be processed.

20 STATEMENT OF UNDERSTANDING

Please read the following statement. In the space that is provided, please sign and date it 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 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 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 this 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 the 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. Further, I understand and have completed all the activities listed on the checklist in Question 19 above.

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 _____

