

# 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)

(1) Length of Program: \_\_\_\_\_

(2) Data of Admission: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ Credential Award: \_\_\_\_\_

(3) Years of education and credential required for admission to program: \_\_\_\_\_

(4) Program is accredited or recognized by: \_\_\_\_\_

(5) List the hours spent in supervised classroom instruction in each of the following subjects:

Subject (In class, instructor supervised course work)	Hours of Classroom 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	
Adjunct techniques and methods	
Business practices and professionalism <i>(Minimum 6 clock hours of ethics required)</i>	
Other:	
<b>TOTAL Hours</b> <i>(To include above and any additional classroom 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: \_\_\_\_\_