



# NORTH CAROLINA BOARD of MASSAGE AND BODYWORK THERAPY

[www.bmbt.org](http://www.bmbt.org)

4140 ParkLake Avenue  
Suite 100  
Raleigh, NC 27612

## AFFIDAVIT OF PROFESSIONAL TRAINING

*(Must be sworn in the presence of a Notary Public)*

### INSTRUCTIONS:

This form is to be used ONLY by applicants, when an official sealed transcript cannot be obtained from the school where they successfully completed a 500+hour course of study in massage and bodywork therapy. Use additional sheets of paper as needed to answer all items completely.

**This affidavit will be considered by the Board in lieu of an official transcript only if:**

1. The school from which the applicant graduated is no longer in operation; or
2. The school from which the applicant graduated has failed to send an official sealed transcript to the Board **within six months** of the applicant's original written request.

At its discretion, the Board will evaluate the applicant's course of study to determine if it meets the curriculum standards set forth in the Rules and Regulations.

Name of Applicant: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Phone Number (if available): \_\_\_\_\_

Date Applicant Began Training at this School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Number of Faculty-Supervised Hours of Classroom Instruction in the Program: \_\_\_\_\_

**Please complete ONE of the following statements:**

1. I am submitting this affidavit because the school from which I graduated ceased operations on or about the date of : \_\_\_\_\_.
2. I am submitting this affidavit because the school from which I graduated failed to send my official transcript as requested to the Board within **six months** of my first written request. My first request to the school was on: \_\_\_\_\_.

List each course by title in the massage and bodywork therapy curriculum you completed. Indicate the number of actual hours of instruction in each course, and whether it was:

- 1) Faculty-supervised hours of classroom instruction, or
- 2) Unsupervised practice, fieldwork or externship hours

Course Title	Grade Earned	1) Supervised Classroom Hours	2) Unsupervised Hours
TOTAL NUMBER OF HOURS IN CURRICULUM:			

I, \_\_\_\_\_, being duly sworn, depose and say that all information I have  
*(Print Applicant's name here)*  
documented in this affidavit is true in every respect.

\_\_\_\_\_  
*Signature of Applicant* *Date*

SECTION BELOW TO BE COMPLETED BY NOTARY PUBLIC

COUNTY OF: \_\_\_\_\_

STATE OF: \_\_\_\_\_

SUBSCRIBED AND SWORN TO/BEFORE ME, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
*Signature of Notary Public*

MY COMMISSION EXPIRES: \_\_\_\_\_

Notary  
Seal