



NORTH CAROLINA BOARD of MASSAGE AND BODYWORK THERAPY

www.bmbt.org

Mailing Address: PO Box 2539, Raleigh, NC 27602 Phone: 919.546.0050
Location Address: 150 Fayetteville Street, Suite 1910, Raleigh, NC 27601

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