NBCAAM®
National Board Certification for Animal Acupressure & Massage
Examination Application

CHOOSE EXAM YOU WISH TO TAKE:

☐ National Certification Examination for Canine Acupressure

☐ National Certification Examination for Equine Acupressure

☐ National Certification Examination for Canine Massage

☐ National Certification Examination for Equine Massage

1. ENTER PROCTORING SITE LOCATION (from proctoring list on NBCAAM website, or site you have identified**. Do Not Schedule your exam until approved.**)

_____

2. NAME, EMAIL and PHONE NUMBER OF PROCTOR (where your exam access code will be sent)

_____

_____

3. PERSONAL (Provide your complete legal name as it appears on your government issued photo identification.)

Name: _____
LAST FIRST MI FORMER NAME (If applicable)

Address: _____

City:_____ State _____ Zip Code _____

Phone: _____ Alternate Phone (if applicable): _____

E-mail: _____

Date of Birth _____ Sex _____ M _____F

5. PAYMENT INFORMATION

Examination Fee (**includes two year membership in NBCAAM**): **$175.00*** **(*** Fees may increase at anytime and $75 of the fee is non-refundable to cover administrative costs.)

Checks and money orders should be made payable to NBCAAM. You may also pay using PayPal from the website.

❑ **Check/Money order enclosed** ❑ **Pay Pal**

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6. 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)

7. CLIENT SESSIONS PER WEEK (OPTIONAL) ❑ 10 or less ❑ 31 to 40 ❑ 11 to 20 ❑ 21 to 30 ❑ Over 40

8. Animal Acupressure or Massage Program(s) / School(s) Attended*:

School Name _____

Address: _____

City, State, Zip _____

From: ____/____/____ To: ____/____/____ (Date courses completed)

Number of Program Hours: _____ Certificate / Degree (circle one)

Date Certificate Issued: _____/_____/____

School Name _____

Address: _____

City, State, Zip _____

From: ____/____/____ To: ____/____/____ (Date courses completed)

Number of Program Hours: _____ Certificate / Degree (circle one)

Date Certificate Issued: _____/_____/____

School Name _____

Address: _____

City, State, Zip _____ From: ____/____/____ To: ____/____/____ (Date courses completed)

Number of Program Hours: _____ Certificate / Degree (circle one)

Date Certificate Issued: _____/_____/____

*** Additional school information may be included on the back of this application.**

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9. YEARS PRACTICING MASSAGE OR BODYWORK (OPTIONAL)

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

10. PROFESSIONAL WORK EXPERIENCE

Do you work: ❑ Full time ❑ Part time ❑ Waiting to begin practice

11. Do you belong to other professional Associations: ❑ Yes ❑ No

If yes, please list name(s) _____

_____

12. **Training & Experience Validation**

NBCAAM educational requirements are: The 200 hours of education should be broken down as follows: the curriculum contains at least 50 hours of training in anatomy & physiology, kinesiology (for massage) and pathologies; 50 hours of supervised-in class hands-on work, which would include assessment and treatment, benefits of massage/acupressure, and practice guidelines; and the remaining 100 hours would be divided among classes such as business, ethics, behavior, safety, etc. Distance learning is acceptable for any "lecture" class such as anatomy & physiology, business and ethics. However, hands-on classes such as massage techniques, assessment, acupoint and meridian locations must be taught in an in-class supervised setting.

Applicant Total Education Hours	Education Hours Breakdown
	• Minimum least 50 hours of training in anatomy & physiology, kinesiology (for massage) and pathologies;
	• Minimum 50 hours of supervised-in class hands-on work, which would include assessment and treatment, benefits of massage/acupressure, and practice guidelines
	• Minimum 100 hours divided among classes such as business, ethics, behavior, safety, etc.

a) All applicants are required to submit copies of the certificates/diplomas from the 200 hour minimum acupressure or massage program or school which they attended, **or**

b) Applicants who have not attended a 200 hour minimum acupressure or massage program or school, must provide evidence of equivalent training or apprenticeship in a 200-hour Curriculum. This would include certificates or diplomas, grade reports from colleges, etc. Applicants that have attended human massage or acupressure schools can submit a copy of their certificate/diploma for 50 hours of training credit. **and/or**

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c). Grandfathering - The NBCAAM Board is providing credit hours to individuals who have extensive work experience. Work experience is defined as performing an equine/canine massage or acupressure session for a client, conducting a talk or workshop specifically on the topic of equine/canine massage or acupressure.

Grandfathering - Occupational Experience - Important:

Verification of occupational experience is an essential requirement for hourly credit. Each full time year of 2,000 hours work will count for 25 hours and will be prorated for partial years worked. The maximum number of credits for work experience allowed by NBCAAM is 50 hours. This form, properly completed, must be included with the application form. One form for each past employer or each period of self employment is required. Please copy and use additional forms as needed for each employer.
Verification of work experience must be notarized.

* All submissions are subject to audit. NBCAAM reserves the right to contact schools for verification or request further information.

To Be Completed by the Applicant Submitting Occupational Experience if **NOT** self-employed:

_____

Full Name Phone

_____ Address

_____ Email address

Please sign below to authorize the employer to verify your occupational experience in the section below.

_____

Applicant Signature

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To Be Completed by the Employer or Applicant if Self- Employed Submitting Occupational Experience

(**Self-employment must be notarized**)

The above-named person was employed from: _____to:_____

This was Full ____ or Part-_____Time Employment

Please note total hours: (1 year full-time = 2,000 hours of work experience = 25 hours of credit for training experience)

He/She was employed as a _____
(job classification)

Description of Duties: _____

_____

_____

Company: _____ Phone: _____

Address: _____

Signature: _____ (**sign in presence of Notary**)

Employer: Please return this form to the applicant.

Date: _____

For Self Employment Only – Please have this form notarized.

_____
Notary Public

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Legal Standing of Animal Massage & Acupressure

Federal, state and foreign laws regarding animals and massage and/or acupressure can vary widely. Laws such as veterinary practice acts, massage therapy or parlor acts, chiropractic acts, physical therapy acts, and other rules pertaining to animals vary from state to state and possibly from town to town. Laws, rules and regulations can change without advance notice and may affect whether and how a practitioner is able/not able to perform massage and/or acupressure on animals. It is also possible that courts or licensing authorities may interpret these laws, rules, and regulations in a way which may affect animal massage and acupressure.

The National Board of Certification for Animal Acupressure & Massage (NBCAAM) will try to stay abreast of current and pending legislation. However, it is the sole responsibility of the applicant to determine what rules, laws and regulations apply in the jurisdictions, counties, towns, states, or countries where they intend to practice animal massage and/or acupressure.

I _____have read and understand the above information
(Signature of Applicant)

on this date _____.

By my signature below, I certify that the foregoing information and all accompanying documentation are true and correct. I have read the NBCAAM® Code of Ethics and pledge to honor the ethical and professional requirements set forth. I attest that I have never been found guilty in any investigation (professional, civil or criminal) regarding any sexual act, conduct, molestation and/or assault whatsoever. I understand that application for membership in the NBCAAM does not guarantee acceptance. I also understand that any false or misleading information will void this application.

APPLICANT'S SIGNATURE:

X_____ Date _____

Please allow up to 2 weeks for application to be processed.