



Application for Admission

PERSONAL INFORMATION	PROFESSIONAL INFORMATION
Name_____	Name of Training Centre_____
Address_____	_____
City_____	Address_____
Province/State_____	City/Province_____
Postal Code_____	Principal/Instructor_____
Telephone: Home_____	Course Duration_____
Work_____	Classroom Hours_____
Fax_____	Other courses_____
E-Mail address_____	_____
Web Site address_____	Have you previously practiced Massage Therapy?
Do you prefer your communications in :	Yes___ No___
English? ___ French? ___	If yes, where_____
	When? _____

THE FOLLOWING IS REQUIRED FOR PROPER PROCESSING OF THIS APPLICATION

1. A copy of your transcript from school of massage. **To be sent directly to NBMA from the school.**(a minimum of 2,200 hours of training is required) **ok**
2. One passport photo signed by and witnessed by Notary Public or Commissioner of Oaths. (Please use attached certification form)
3. Declaration of Registration Requirement form - including a copy of your birth certificate.
4. A Criminal Record Check
5. Two character reference letters. **ok**
6. Photocopy of valid Workplace Standard First Aid/CPR Level C Certificate.
7. Valid registration certificate from another Province or Country. (if applicable)
8. Application for Professional & General Liability Insurance – duly completed.
9. Personal Information Consent Form – duly completed.
10. Processing fee of \$50.00 by Money Order (**new graduates are exempt from paying this fee**)

Upon receipt of the above listed items your application will be reviewed by the Registrar and if deemed necessary referred to the Standards & Examinations Committee. If you have the required training, you **may** be asked to perform a demonstration of your abilities during an oral/practical exam. For more information on the examination process, date and fee, please refer to page 3 of the enclosed document entitled **Standards and Examinations Committee Objective.**

When accepted, fees in the amount of **\$386.00*** (or the applicable pro-rated amount) are payable. While a money order is preferred, a cheque is acceptable and should be made payable to NBMA. These fees include membership in the NBMA and the MTAC and professional liability insurance for the appropriate period of registration between October 1 and September 30. **All information is to be sent to:**

NBMA
Attention: Registrar
P.O. Box 353, Station "A"
Fredericton, N.B. E3B 4Z9

Signature_____

Date_____

***Subject to change**