

Biographical Form

Instructions:

- Information must be typed.
- Do NOT attach any additional information; submit all information on this form.
- Make as many copies of this form as necessary.

Name: _____

Are you NCMT or NCTMB? ___Yes ___No If yes, provide your number: _____

Check all that apply: ___Instructor ___Administrator

List current governmental issuance granted below (if applicable):

Profession Type	Type	State	Number	Expiration Date
_____	State Licensure	_____	_____	_____
_____	State Certification	_____	_____	_____
_____	State Registration	_____	_____	_____
_____	Municipal Permit	_____	_____	_____
_____	Other (Describe)	_____	_____	_____

Current Professional Certification(s): (e.g., NCTMB, CST, NMT, MFR, etc.) (If applicable)

Professional Certification	Number	Date Issued
_____	_____	_____
_____	_____	_____
_____	_____	_____

Preferred Mailing Address:

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Telephone: _____ Fax: _____

Email: _____

If instructor, list continuing education course(s) taught:

1.	4.
2.	5.
3.	6.

Education (include basic preparation through highest degree held):

Institution (Name, City, State)	Major Area of Study	Degree, Diploma, Certification(s)	Year Awarded
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Continuing Education Experience (required): Describe your qualifications to teach the continuing education course(s) listed above.

Professional Experience (optional): You may also include professional experience or areas of expertise in the world of massage and bodywork, including but not limited to: continuing education certifications attained, written publications, experience in curriculum development, as well as your particular role in administration if you are an administrator in an organization. If you need more space, please use another page and attach it immediately after this page. **DO NOT ATTACH CURRICULUM VITAE.** **Note:** This additional information is neither necessary nor required.