



National Certification Board for Natural Therapies

668 Silver Star Blvd. Unit 212, Toronto, ON M1V 5N1, Tel/Fax: (416) 551-5426

Website: www.ncbnt.org, Email: office@ncbnt.org

MEMBERSHIP APPLICATION

CONTACT INFORMATION :

First and Last Name _____ Date of Birth _____ YYYY / MM / DD

Sex Male Female Work Permit Yes No

Mailing Address _____

Cell Phone _____ Other Phone _____

Email _____

QUALIFICATIONS :



School Route

Apprenticeship

Name of School _____ From _____ YYYY / MM To _____ YYYY / MM

Name of Trainer _____ From _____ YYYY / MM To _____ YYYY / MM

Treatment Modalities Studied : (Check one or more)

Manual Therapy

Osteopathy

Skin Care

Reflexology

Shiatsu

Beauty Nails

Acupressure

Aromatherapy

Esthetics & Spa Practice

Others _____

★ Provide school diploma/certificate OR certification letter from the Licensed Holistic Centre/Practitioner who provided you apprentice training. “ ”

PRACTICE EXPERIENCE :

Duration

Name of Employers

Job Title

YYYY / MM - YYYY / MM

Manual Therapist

Other

I certify that the facts stated above are true and correct to the best of my knowledge and belief, and promise to be aware of, and abide by the rules and code of ethics of the association and all provincial/local laws regarding the holistic license.

APPLICANT' S SIGNATURE _____ DATE : _____