

## Replacement of Certificate Request Form

Please print and fill out this request form for the replacement of either your original AMMA Membership Certificate or your NBCA Medical Massage National Certification Exam Certificate. Please include check, money order or Credit Card details for the \$10.00 processing fee and mail to:

American Medical Massage Association  
801 W. Norton Ave., Suite 420  
Muskegon, MI 49441

### Name Change

Please submit proof of your name change to the AMMA Office. Attach a copy of a legal court record such as a marriage license, divorce decree or court-approved name change document supporting the name change. If you wish to have a new certificate reflecting your name change, please follow the directions above for the Replacement of Certificate(s).

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Please print or type neatly. You must provide all information and correct fees or your request will be returned. If necessary, you may make additional copies of this form for multiple requests. The AMMA will process your request within 72 hours of receipt.

**\*\* Replacements of NBCA NCE Certificates are only available to currently certified professionals in good standing. If your certification has lapsed – no certificate will be provided. No Refunds.**

### Certificate Information:

Certification ID: \_\_\_\_\_

Name (as you would like printed on your certificate):

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Name as it appears on your current certificate:

Is this a name change?  No  Yes (If yes, please attach a copy of the legal court record supporting your name change.)

**Method of Payment:** Include a \$10.00 fee for **each** certificate requested.

\*Make checks/money orders payable to the AMMA.

Check/Money Order

Credit Card:      MasterCard/Visa       Discover       American Express

\_\_\_\_\_ / \_\_\_\_\_  
Card Number (please print clearly)      Expiration date      3-digit Security Code

Cardholder's Signature: \_\_\_\_\_

**Certificate(s) will be sent to the address we have for you on file unless you indicate an alternative address below.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Do you want us to permanently change the above information in our AMMA data base?  No  Yes