



national board certification agency

MASSAGE THERAPY CERTIFICATION EXAMINATION

**RE-EXAMINATION REGISTRATION FORM**

**THIS FORM SHOULD BE FILLED OUT ONLY IF YOU HAVE TAKEN THE NBCA MASSAGE THERAPY CERTIFICATION EXAMINATION AND FAILED ONE OR MORE SECTIONS OF THE EXAM.**

The National Board Certification Agency's Massage Therapy Certification Exam is designed to set a new and higher standard of achievement and excellence among massage therapists. If you need assistance with your registration or have any questions, please do not hesitate to call our office at 888-375-7245.

Fill in your contact information below and the NBCA will contact you to schedule your exam date and location.

Gender Ms.  Mrs.  Mr.

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

Address: \_\_\_\_\_

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

Phone (day): \_\_\_\_\_ (evening): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Training/School Attended: \_\_\_\_\_ Hours of Training \_\_\_\_\_

Approximate Date You Would Like to Take the Exam: \_\_\_\_\_

Section(s) for Re-examination: (check all that apply)

Section #1       Section #2       Section #3

**Make check payable to NBCA and mail to: 2040 Raybrook SE, Suite 103, Grand Rapids, MI 49546**

Method of payment:     Check     Money Order  
 Credit Card Type (circle one)    Visa    M/C    Amex    Discover

Printed name on front of credit card: \_\_\_\_\_

Billing Address if Different from Above: \_\_\_\_\_

Card Number:

Expiration Date:     Security Code: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_