

TO: North Dakota State Board of Massage

This is an AFFIDAVIT that _____ is [accredited / not accredited] as a school of massage
[school's name] [circle one]

and that _____ has completed the following hours of classroom instruction, in
[student's name]

accordance with North Dakota Administrative Code chapter 49-02-03:

_____ hours of anatomy, physiology and kinesiology

_____ hours of pathology

_____ hours of first aid, hygiene, and CPR

_____ hours of basic and allied modalities, contraindications, sanitation, disease prevention, and massage theory

_____ hours of practical application and clinical practice

_____ hours of business practices, career development and professional ethics

_____ other (please specify) _____

Dated this _____ day of _____, 20____.

Signature

[Print Name]

[Title]

State of _____
County of _____

Subscribed and affirmed to before me
this _____ day of _____, 20____.

Notary Public