

James Waslaski

Orthopedic Massage Certification Test

Application Form

PLEASE PRINT LEGIBLY

Name _____
Address _____ City _____
State _____ Country _____ Zip Code _____
Phone _____ Email _____
Test Date _____ Location _____

*Seminars Taken; 1- Upper Body, 1- Lower Body, and 1- 5 Day Intensive

Or 2- 5 Day Intensives (must be taken within 3 years of the testing date):

	Upper Body	Lower Body	5 Day Intensive	5 Day Intensive
Date	_____	_____	_____	_____
Location	_____	_____	_____	_____
CEUs	_____	_____	_____	_____

- I understand that I must pass the exam with a score of 70 percent or higher.
- The exam fee is \$150 Make check payable to: Center for Pain Management
- I must bring to the Exam site:
 1. Copies of your seminar certificates for verification
 2. Documentation of 20 case studies of both upper and lower body conditions including at least one of each of the 6 following body sections: 1-hip or lower back, 2-lower leg, ankle or foot, 3-knee or thigh, 4-shoulder, 5-cervical, 6-elbow, forearm, wrist or hand.

Signature

Date

Administration Only

Test Date _____ Location _____

Fee Paid _____ check _____ credit card _____

Verification of Seminar Certificates _____ 20 Case Studies _____

Test Grade _____ Notification Date _____ by: mail _____ email _____ phone _____