



Application for Manual Trigger Point Therapist National Certification Examination

Please read the entire AIMS, LLC National Certification Program Handbook before completing this application. A copy of the handbook and this application are available at www.AIMS-LLC.org.

INSTRUCTIONS: All information must be printed using uppercase letters only. (EXAMPLE: JANE Q. DOE 123-456-7890). Use only black ink or a #2 pencil. Do not use whiteout or cross out. If you make a mistake, please use another form with corrected information.

Applicant Information

Today's Date _____ - _____ - _____ (mm-dd-yy)
 Last Name _____
 First Name _____ Middle Initial _____
 Address _____ Apt _____
 City _____ State _____ Zip code _____
 Email _____
 Daytime phone (with area code) _____
 Evening phone (with area code) _____
 Mobile or other phone (with area code) _____
 Profession _____
 Testing Date _____ - _____ - _____ Location AIMS, LLC - Albuquerque, New Mexico

- Alternate Testing Venue (Fee \$75.00)
- Seminar Series Review (Tuition \$180.00)
- Special Needs Required

Alternate Testing Venue and **Special Needs:** Please see page 3 of the AIMS, LLC National Certification Handbook for important information regarding deadlines.

Eligibility and Background Information

Darken only one choice for each question unless otherwise directed.

A. Percentage of time currently working in healthcare profession:

- Less than 25%
- 25% to 50%
- 51% to 75%
- Full time

B. Years in practice:

- Less than 2 years
- 2 years
- 3 to 5 years
- 6 to 10 years
- More than 10 years

C. Primary practice setting:

- Self-employed
- Hospital/Clinic
- Group practice
- Other _____

D. Training program:

- MyoRehab Seminars Series
- Janet G. Travell, MD Seminar Series
- Pittsburg School of Pain Management
- Sauer Seminar Series - MTPT Techniques
- Other _____

Year completed _____

A copy of your diploma, certificate or equivalent must accompany your application.

E. Highest academic level attained:

- High school diploma or equivalent
- Some College
- Associate Degree
- Diploma in medical related field
- Bachelor's Degree
- Master's Degree
- Doctoral Degree
- Other _____

F. List any professional memberships related to healthcare:

1. _____
2. _____
3. _____

G. Are you currently certified in Myofascial Trigger Point Therapy by any other certification program?

- No
- Yes *If Yes, indicate month, year of certification and the name of the certifying entity.*

Date (month/year) _____

Name of certifying entity _____

American Institute for Myofascial Studies, LLC

4308 Carlisle Blvd. NE, Suite 208, Albuquerque, NM 87107 505-872-3100 Fax 505-872-2600
www.AIMS-LLC.org generalinformation@AIMS-LLC.org

Eligibility and Background Information (continued)

Darken only one choice for each question unless otherwise directed.

H. Have you taken the AIMS, LLC National Certification Examination before?

- No Yes

If Yes, indicate month, year, location and name under which the examination was taken.

Date (month/year) _____

Location _____

Name _____

I. If you live in a state that requires a license to practice, please list your state, license number and its expiration date below.

If you are a massage therapist and practice in a state that does not require a license, please enter the information for your current NCBTMB certificate.

State _____

License # _____

Expiration date ____ - ____ - ____

A COPY OF YOUR CURRENT LICENSE (OR NCBTMB CERTIFICATE) MUST ACCOMPANY THIS APPLICATION.

Optional Information

Note: Information related to race, age and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. This data will be used only in statistical summaries.

Race:

- African American Asian
- Native American White
- Hispanic Other

Age Range:

- Under 25 40 to 49
- 25 to 29 50 to 59
- 30 to 39 60 +

Gender:

- Male
- Female

Applicant Signature

Complete entire application before signing below.

I have read the entire AIMS, LLC National Certification Program Handbook and understand that by my signature below, I indicate that I understand and agree to abide by all terms and conditions as set forth therein.

Applicant's signature _____ Date ____ - ____ - ____

Payment

- Check (must accompany application)
- Credit card - Please complete the following:

Name (as it appears on card) _____

Address (as it appears on statement) _____

Card number ____ - ____ - ____ - ____

Expiration date (month/year) ____ - ____ *Security Code ____

Signature _____

Card type:

- American Express
- Discover
- MasterCard
- Visa

* Security Code: The last 3 digits found on back of card to the right of signature box)

Application fee..... \$250.00

Alternate Testing Venue fee..... \$ 75.00

Seminar Series Review \$180.00

Credit card or check total..... \$ ____ .00

Office Use Only

- LIC Diploma, Cert, etc. Qualified program
- NCBTMB Correct fees processed Other program

Rec ____ - ____ - ____ Processed ____ - ____ - ____ Confirmation Sent ____ - ____ - ____

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