



New Jersey Office of the Attorney General
 Division of Consumer Affairs
 New Jersey Board of Massage and Bodywork Therapy
 124 Halsey Street, 6th Floor, P.O. Box 47032
 Newark NJ 07102
 (973) 504-6520

Supervising Faculty Member Certification

I, _____, am the supervising faculty member at

_____, _____
 Name of school Address of school

Pursuant to the requirement of N.J.A.C. 13:37A-2.1(d)(5), I have supervised Applicant

_____ for at least 100 hours of clinical practice from

 Applicant's name to _____.

I am licensed to practice massage and bodywork therapy in New Jersey and my license number is _____.

I am not licensed to practice massage and bodywork therapy in New Jersey, however, I am legally authorized to perform massage and bodywork in the State in which the school exists and my license number is _____.

Certification in Lieu of Affidavit:

I certify that the foregoing statements made by me are true and complete. I am aware that if any of the foregoing statements provided are willfully false, I am subject to punishment.

 Date Signature of supervising faculty member
 (Stamped signature will not be accepted.)

Closed Schools Only

If the massage school is now closed, the current custodian of records for the closed school is to certify that the completed 100 hours of clinical practice which was supervised by a faculty member is in conformance with the requirements of N.J.A.C. 13:37A-2.1(d)(5). If there are any deficiencies regarding a particular student/applicant's clinical practice, the custodian of records will specify the nature of the deficiencies within the certification.

 Date Signature from custodian of records
 (Stamped signature will not be accepted.)