

LETTERHEAD OF YOUR SCHOOL

Date

To: North Dakota State Board of Massage

This is an AFFIDAVIT that (insert school name) is an accredited college and that [insert student's name] has completed all requirements (in accordance with Title 49 North Dakota Administrative Code [N.D.A.C.] 49-02-02. (Effective January 1, 2001) which includes but is not limited to the following.

__ hours of Anatomy, __ hours of Physiology, __ hours of Neurology, __ hours of Pathology, __ hours of Kinesiology, including origin, insertion, action, and innervations; __ hours of Business Practices; __ hours of Professional Ethics; and __ hours of First Aide and CPR.

Signed by School Official
Stating his./her Title

STATE OF NORTH DAKOTA
COUNTY OF _____

In said County on this _____ day of _____, 20__
Personally appeared before me _____ being duly Sworn, deposes
and says that he/she is the person signing this affidavit.

Notary Public

SEAL