

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