

Date Received \_\_\_\_\_  
Check # \_\_\_\_\_ Amt. \$ \_\_\_\_\_  
FOR AOBTA® OFFICE USE ONLY

**AOBTA®**  
**American Organization for Bodywork Therapies of Asia**

1010 Haddonfield-Berlin Road, Suite 408  
Voorhees, NJ 08043-3501  
Telephone (856) 782-1616 ☎ Fax (856) 782-1653  
E-mail [office@aobta.org](mailto:office@aobta.org) ☎ Web Site [www.aobta.org](http://www.aobta.org)

**APPLICATION FOR AOBTA® CERTIFIED PRACTITIONER LEVEL  
MEMBERSHIP**

New membership applicants must enclose a non-refundable application fee, along with the appropriate level membership dues and a completed application. *Current AOBTA® members who are upgrading to Certified Practitioner level are not required to pay the application fee.* If application is denied, membership dues will be refunded. All responses to questions regarding training and certification require that copies of supporting documentation be attached. Please contact the AOBTA® National Office with any questions you may have or for a list of Certified Instructors in your area.

**General Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone (B): \_\_\_\_\_ Phone (H): \_\_\_\_\_ Mobil (M): \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Do you belong to other professional associations? \_\_\_ Yes; \_\_\_ No

If yes, please list name(s): \_\_\_\_\_

Associate and Certified Practitioner applicants please indicate the date you began your Asian Bodywork Therapy Practice: \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year

Certified Practitioner Applicants – indicate your ABT form/style: \_\_\_\_\_

Do you have any of the following interests and/or skills and are willing to volunteer time and talent to your professional organization? Please check all areas of interest and add other skills at the end.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Budget and Finance  | <input type="checkbox"/> Council of Schools & Programs (COSP) | <input type="checkbox"/> Membership       |
| <input type="checkbox"/> Convention Planning | <input type="checkbox"/> Insurance                            | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Education           | <input type="checkbox"/> Law & Legislation                    | <input type="checkbox"/> Publicity        |
| <input type="checkbox"/> Ethics              | <input type="checkbox"/> Leadership (regional or national)    | <input type="checkbox"/> Research         |
| <input type="checkbox"/> Fund Raising        | <input type="checkbox"/> Networking with Other Professionals  | <input type="checkbox"/> Web site         |
| <input type="checkbox"/> Graphic Design      | <input type="checkbox"/> Newsletter & Publications            | <input type="checkbox"/> Other: _____     |

## AOBTA® MEMBERSHIP LEVELS & REQUIREMENTS

Please complete and check the items you are enclosing, and initial where requested. Read and sign at the bottom of the page, and return this application with the required documentation and fees to the AOBTA® address on page 1.

Note: If you are not a Student or Practitioner of Asian Bodywork Therapy, you may still support the AOBTA® as a Supporting Member and/or a Professional Organization Member. Please contact the AOBTA® National Office for more information and an application form for non-practitioner levels of membership.

### CERTIFIED PRACTITIONER MEMBER APPLICATION

**Enclose:**

- \$130 check (*\$100 annual dues + \$30 application fee*)
- and*  Copy of Diplomate, ABT (NCCAOM) Certificate ~ *or* ~ STAO-CST Certificate
- or*  500-Hour transcript or diploma from an AOBTA® COSP School or Program
- or*  AOBTA® 500-Hour Transcript reviewed and signed by an AOBTA® Certified Instructor

Certified Practitioner Applicants who are not NCCAOM or STAO-CST certified, or did not attend a COSP School must provide evidence of equivalent training in a 500-Hour Curriculum (see below) taught by either an AOBTA® Certified Instructor, AOBTA® Certified Practitioner, other apprenticeship program or school. Applicant's work and documentation must be reviewed and signed by an AOBTA® Certified Instructor and included with this application and the completed AOBTA® 500-Hour Transcript.

*Consult AOBTA® 500-Hour Curriculum for complete details within each category.*

#### 500-Hour Curriculum Summary

160 Hours	Asian Bodywork Technique and Practice
100 Hours	Traditional Chinese Medical Theory
70 Hours	Observed Clinical Practice
100 Hours	Western Anatomy & Physiology
<u>70 Hours</u>	Other*
<b>500 Hours</b>	<b>Total Curriculum (minimum)</b>

\* *Must include First Aid, CPR, Business, Legal & Ethics courses; may include Tai Chi, Qi Gong, Massage, etc.*

**By my signature below, I certify that the foregoing information and all accompanying documentation are true and correct. I have read the AOBTA® Code of Ethics and pledge to honor the ethical and professional requirements set forth. I attest that I have never been found guilty in any investigation (professional, civil or criminal) regarding any sexual act, conduct, molestation and/or assault whatsoever. I understand that application for membership in the American Organization for Bodywork Therapies of Asia does not guarantee acceptance. I also understand that any false or misleading information will void this application.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date