

Neonatal Touch & Massage Certification

2020 Application (Step 1, page 1 of 2)

Please complete all information on **both** pages and return via email to admin@infantdriven.com or via fax to 1-937-667-7426. Questions? Please call 1-855-CTC-NTMC or send an email to admin@infantdriven.com.

Name:		Profession:	<input type="checkbox"/> OT	<input type="checkbox"/> PT	<input type="checkbox"/> SLP	<input type="checkbox"/> RN	<input type="checkbox"/> Other
License #:		Professional Credentials:					
Home Address:							
Phone # <i>(please check preferred):</i>	<input type="checkbox"/> Home _____		<input type="checkbox"/> Cell _____				
Email Address <i>(please check preferred):</i>	<input type="checkbox"/> Work _____		Home _____				
Place of Employment:							
Current Job Title:		Full Time Part Time	Nursery Level: <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV				
Employer Address:			Employer Phone #:				
Supervisor Name:			Supervisor Title & Credentials:				
Supervisor Email:							

Past NICU or SCN Employment History *(if you need more room, please attach a second page):*

Hospital Name	Hospital Address	Nursery Level (II, III, IV)	Years of NICU Employment (i.e., 1998 – 2003)	Full Time (FT) Part Time (PT)

Which location are you planning on attending for the Hands-On training?	<u>2021 - Virtual</u>	<u>2021 - In Person</u>
	Jan 22 & 23	Wilmington, DE May 21 & 22
	Feb 5 & 6	Washington, DC - Jun 19 & 20
	Apr 23 & 24	Columbus, OH - Aug 13 & 14
	May 7 & 8	Milwaukee, WI - Oct 8 & 9
	Jul 24 & 25	San Antonio, TX - Oct 23 & 24
	Sep 10 & 11	Tucson, AZ - Nov 5 & 6

*RNs participate in day one only.

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<p>Are you an employee at the hospital hosting NTMC at the location you identified above?</p> <p style="text-align: center;">Yes No</p>	<p>Will 3 or more employees from your hospital be attending NTMC at the same location - this qualifies you all for a 10% discount?</p> <p style="text-align: right;">Yes No</p> <p>If YES please list names of others below:</p> <p>1. _____ 3. _____</p> <p>2. _____ 4. _____</p>	
<p>How do you plan to pay for NTMC?</p> <p>Hospital Payment Hospital Reimbursement after completion Self Pay Grant Support</p> <p>Unsure at this time Other: _____</p>		
<p>How did you hear about the NTMC?</p> <p>Google NANT CTC Newsletter Conference Mailing</p> <p>Word of Mouth Other: _____</p>		
<p>I, _____, confirm that I have practiced a minimum of 1000 hours as an</p> <p style="text-align: center;">Occupational Therapist Physical Therapist Speech Language Pathologist Registered Nurse Other</p> <p>in the Neonatal Intensive Care Unit or Special Care Nursery. I am in good standing with my professional licensing body.</p>		
<p>_____ <i>Applicant Printed Name</i></p>	<p>_____ <i>Applicant Signature</i></p>	<p>_____ <i>Date</i></p>

Congratulations! The completion and submittal of this form completes **Step 1** of the registration process.

Proceed to **Step 2**: Verification of Clinical Hours. **The verification form is a requirement to complete registration and to attend the NTMC program.**