

# 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](mailto: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](mailto:admin@infantdriven.com).

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

**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)

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

\*RNs participate in day one only.

