

Neonatal Touch & Massage Certification

2022 Application (Step 1, page 1 of 2)

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

	<u>2023 - Virtual</u>	<u>2023 - In Person</u>	<u>2024 - Virtual</u>	<u>2024 - In Person</u>
Which location are you planning on attending for the Hands-On training?	Jun 23 & 24 Sep 22 & 23 Nov 3 & 4	Columbia, MO Atlanta, GA Houston, TX San Jose, CA (Private for Hosting Site)	Feb 1 & 2 Mar 8 & 9 May 3 & 4 Sep 13 & 14 Oct 4 & 5 Nov 8 & 9	Tacoma, WA Milwaukee, WI Albuquerque, NM

*RNs participate in day one only.

