

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:				Professi	on:	□ от	PT	SLP	RN	Other
License #:				Professional Credentials:						
Home Address:		·								
Phone # (please check preferred):	☐ Home		Cell	-						
Email Address (please check preferred):										
Place of Employment:										
Current Job Title:	Full Time Nursery Level: II III Part Time						Ш	IV		
Employer Address:	Employer Phone #:									
Supervisor Name:	Supervisor Title & Credentials:									
Supervisor Email:										
Past NICU or SCN Em	ployment Histor	γ (if.you need more room, pleas	e attach a s	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)		
	2023 - Virtua	l 2023 - In Person		2024 - Virti	ual		2024 -	In Per	son	
Which location are you planning on attending for the Hands-On training?	Jun 23 & 2 Sep 22 & 2 Nov 3 & 4	4 Columbia, MO		Feb 1 & Mar 8 & May 3 & Sep 13 & Oct 4 &	Tacoma, WA § 9 Milwaukee, WI § 4 Albuquerque, NN § 14			VA e, WI	ı	
*RNs participate in day one only.		.or mosting ofter		Nov 8 8						



Neonatal Touch & Massage Certification 2020 Application (Step 1, page 2)

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Are you an employee at the hospital hosting NTMC at the location you identified above? Yes No	Will 3 or more employees from your hat the same location - this qualifies your left YES please list names of others below. 1. 2.	ou all for a 10% discount?	No							
How do you plan to pay for NTMC? Hospital Payment Hospital Reimbursement after completion Self Pay Grant Support Unsure at this time Other										
How did you hear about the NTMC? Google NANT Word of Mouth Other:	CTC Newsletter Confe	rence Mailing								
I,										
Applicant Printed Name	Applicant Signature	Date								

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**.