



National Board Certification Registration Form

Personal Training

The purpose of this exam is to set a new and higher standard of achievement and excellence in the manual therapy field.

By offering these certification programs, the AMMA is attempting to establish an image and reputation for true professionalism.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (day) _____ (evening) _____

Please check your preference for receiving the exam:

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Exam Fee \$100

Make check payable to AMMA and mail to: 1845 Lakeshore Drive • Suite 7 • Muskegon, MI 49441

Method of payment: Check (#____) Money Order

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