

**NBCAAM**  
**National Board Certification for Animal Acupressure & Massage**  
**Occupational Experience**

To Be Completed by the Employer or Applicant if Self- Employed Submitting Occupational Experience

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

The above-named person was employed from: \_\_\_\_\_ to: \_\_\_\_\_

This employment was \_\_\_\_ Full and/or \_\_\_\_ Part-Time

Each year of full-time work (2,000 hours) will be granted 30 hours of credit. Prorate hours for part-time work can equal 1000 hours = 15 qualifying hours. Applicant must be working at least ½ time (1000 hours per year) to qualify hours.)

\_\_\_\_\_ was employed as a \_\_\_\_\_  
Full Name (job classification)

Description of Duties:

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Place of Employment/ Work

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Signature: (sign in presence of Notary) \_\_\_\_\_ Date \_\_\_\_\_

Notary Public \_\_\_\_\_ Date: \_\_\_\_\_

**Employer: Please return this form to the applicant.**

