(date of report)

(state board of massage therapy) (street address) (city, state, zip)

RE: (applicant's name)

IERF #(file number)
DOB: (date of birth)

TO WHOM IT MAY CONCERN:

On the basis of credentials on file with this Service, we certify that (applicant's name) has completed studies (years of study) at (name of institution) located in (city, country), earning the (name of qualification) on (date earned).

These studies are considered equivalent to completion of *(number)* hours of training in massage therapy at state-approved training schools in the United States.

The following subjects are included in this evaluation:

Subjects

Total Number of Hours

Hours Grades

(years of study) Orientation Anatomy and Physiology Swedish Massage	5.0 0.0 60.0	A B A
Holistic Studies	-20.0	A
Musculoskeletal Anatomy	40.0	C
Professional Inventory	10.0	A
Bodywork Experiential	40.0	A
Ethics and Communication	30.0	A
Hydrotherapy Workshop	10.0	C
Anatomy-In-Clay	40.0	В
Shiatsu The Bir Area Exiting 6	20.0	A = -
Advanced Western Techniques	40.0	Α
Structural Kinesiology	20.0	A
Thai Massage UA DAN SEE NO SEE STATE OF THE SECOND SEE STATE OF THE SECOND SECO	20.0	В
Pathology DE CODEDENTIAL OF WARLIA	40.0	C
Business Development	20.0	C
Cranial and Somatic Fascial Release	20.0	A / / -
Board Preparation	20.0	A
Clinical Practicum HALS EVALUATION SER	65.0	Α

TOTAL HOURS

560.0

OVERALL GRADE POINT AVERAGE: 3.43

RE:

(applicant's name) IERF #(file number) (date of report)

GRADING SCALE

(nan	ne of	insti	tution)	Uni	ted	States
A	9.0	$\Delta 1.1$	10.0	A	=	4.00
В	8.0	-	8.9	В	=	3.00
C	7.0	-	7.9	C	=	2.00
F	0.0	AL!	6.9	HONEE	=	0.00

According to the documentation submitted, the training completed by the applicant included written and practical examinations.

This report is based on original records submitted by the applicant and the training verification form received directly from the institution of study.

EQUIVALENCY SUMMARY: It is the judgment of the International Education Research Foundation, Inc. that *(applicant's name)* has the U.S. equivalent of completion of *(number)* hours of training in massage therapy at state-approved training schools.

This evaluation has been prepared by:

(evaluator's signature)

ON AIND WHITE DOCUMENT IS NOT OFFICIAL

(evaluator's name, credentials); I tle: Evaluator; International Credentials (valuator since (year)

This evaluation is valid only if receive, by the a tency of institution in a sea ed envelope, or directly from the International Education Research Foundation, Inc., Or dentile's Evaluation Service.

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NOTHING FOLLOWS

International Education Research Foundation, Inc.
Credentials Evaluation Service