



American
Organization for
Bodywork
Therapies of
Asia

500 Hour Transcript

For Certified Practitioner
Membership

This **500 Hour Transcript Form** is to be used by those applicants who **did not** attend a school or program that is a member of AOBTA®'s Council of Schools and Programs (COSP), or were not trained by an AOBTA® Certified Instructor.

Note: if you received your training at more than one school/program or with more than one instructor (outside of a school/program setting), then complete one of these forms for each school/program/instructor.

Applicant Name: _____

School/Program/Instructor Information:

School/Program/Instructor Name: _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

Fill in the number of hours you have completed for each section of the curriculum.

CORE CURRICULUM

_____ Hours in the ABT Form of _____
Minimum of 160 hrs. required

Specify one major ABT Form in which applicant completed progressive, practical training for entry level professional practice. Introductory classes in several Forms do not qualify. AOBTA® recognized Forms of ABT are acupressure, Amma, AMMA Therapy®, Chi Nei Tsang, Five Element Shiatsu, Integrative Eclectic Shiatsu, Japanese Shiatsu, Jin Shin Do® Bodymind Acupressure®, Jin Shou Tuina™, Macrobiotic Shiatsu, Nuad Bo 'Rarn (Traditional Thai Bodywork), Shiatsu, Shiatsu Anma Therapy, Tuina, Zen Shiatsu, and Medical Qigong.

_____ Hours in Theory of Chinese Medicine | minimum of 100 hours required

_____ Hours in Western Anatomy and Physiology | minimum of 100 hours required

_____ Hours in Supervised Student Clinic | minimum of 70 hours required

_____ TOTAL CORE CURRICULUM HOURS | minimum of 430 hours required

ELECTIVES

Required Electives:

_____ Hours of CPR/First Aid

_____ Hours of Ethics and Laws/Legislation regarding the ABT Profession

_____ Hours of Business and Marketing

Other Electives may include hours of training in other forms of Asian Bodywork Therapy, Western Medicine, Tai Chi, Qigong, or other forms of martial arts & internal martial arts.

_____ Other Hours (please specify): _____

_____ TOTAL ELECTIVE HOURS | minimum of 70 hours required

_____ **GRAND TOTAL OF HOURS** Course Completion Date _____

We the undersigned certify that this applicant has successfully completed the Asian Bodywork Therapy curriculum requirements as indicated above.

_____ Date _____

_____ Date _____
Signature(s) of Director of Administration/Registrar/CEO or Instructor(s)

Print name(s): _____
