

American Reflexology Certification Board



2586 Knightsbridge Rd. SE
Grand Rapids, MI 49546

p: 303.933.6921
f: 303.904.0460

info@arcb.net
www.arcb.net



Foot Certification Exam Application

1. APPLICANT INFORMATION

Name: _____ Date of Birth: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country (if outside the USA): _____ E-mail: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Statistical Information: ARCB does not discriminate on the basis of age, nationality, ethnic origin, color, language, religion, gender, sexual orientation, or physical limitations. This information is required to be certain our methods meet federal requirements, but providing it is optional. This information is kept confidential. Please check all that apply:

Male Female Licensed Massage Therapist Licensed Health Care Provider (please specify): _____
State in which your license is issued: _____

African American Hispanic American Indian/Alaskan Native Asian or Pacific Islander Caucasian/White Other (please specify): _____

Disability or translator accommodation must be requested and approved at least 30 days in advance of the scheduled exam date.

Disabled or Handicapped Request for Special Accommodation - ARCB generally conducts its examinations in a hotel that offers standard ADA accommodations. If your disability requires any additional accommodations, please also complete the Accommodation Request Form.

Translator Accommodation Requested – If English is not your primary language and you desire to bring an interpreter with you to the exam, please also complete the Accommodation Request Form. The translator may not be a Reflexologist or have any health care training. The translator must be provided **at your expense**.

2. REFLEXOLOGY EDUCATION & TRAINING

List all that apply and use the back of the form if necessary. Attach a copy of each certificate to the application.

School/Program Name: _____ Total Hours: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country (if outside the USA): _____ E-mail: _____

Telephone: _____ Dates of Attendance (From/To) _____

School/Program Name: _____ Total Hours: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country (if outside the USA): _____ E-mail: _____

Telephone: _____ Dates of Attendance (From/To) _____

School/Program Name: _____ Total Hours: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country (if outside the USA): _____ E-mail: _____

Telephone: _____ Dates of Attendance (From/To) _____

Office Use
Only

Approved Not Approved Deferred/Reason: _____

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3. BRIEFLY STATE THE DEFINITION OF REFLEXOLOGY TO WHICH YOU SUBSCRIBE

4. EDUCATION

Check all that apply and attach additional pages if necessary.

High School Diploma/GED Some College Associate Degree College Degree Master's Ph.D Other (please specify) _____

List school(s) attended, degree and date of graduation:

School	Degree	Graduation Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. CANDIDATE NON-DISCLOSURE / CONFIDENTIALITY AGREEMENT

The following is a binding agreement between you, the candidate submitting this application (Applicant) for the national reflexology examination, and the American Reflexology Certification Board (ARCB).

All testing material provided by ARCB including, but not limited to all data, materials, study guides, and content of the testing instrument are to be considered confidential and proprietary information owned by ARCB and protected under trademark and copyright agreements. The ARCB Documentation Forms may only be used for testing purposes.

Materials are not to be disclosed to any third party, under any circumstances. Any disclosure, misuse, copying or transmitting of any material by any means, data or information, including vocal information, whether intentional or unintentional will subject you to disciplinary action, and or prosecution according to the procedures set by ARCB and applicable laws. Creating and/or using ARCB study materials to create, supplement or enhance school or workshop curricula or preparatory study groups are considered misuse of ARCB intellectual property.

Upon notification, if an applicant cancels for any reason prior to sitting for the examination the applicant may have the option for a refund of monies less the processing fee, or may reschedule testing within two (2) years. If the applicant has not rescheduled to take the test within the two-year period any refund is forfeited and the candidate must reapply to take the exam. In case of a refund request all study material must be returned before a refund may be issued.

In addition, the ARCB logo or the terms "ARCB Certified" or "Nationally Board Certified Reflexologist" (NBCR) may not be used with any words that imply you are endorsed, recommended or licensed by ARCB or to infer you are an instructor or that your educational program is approved by ARCB. Nor can the ARCB logo be used in conjunction with products.

The certificate, wallet identification card and lapel pin issued after successful completion of the testing process remains the property of ARCB. After failure to maintain continuing education requirements, failure to pay annual renewal fees, or resolution of a disciplinary action resulting in de-certification, the certificate, lapel pin and identification card must be surrendered to ARCB.

My signature below attests that I agree to these terms and understand this Non-disclosure/Confidentiality Agreement is legally binding in perpetuity and further agree to abide by, adhere to and honor all of the Non-disclosure / Confidentiality conditions above.

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Only

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6. TERMS AND CONDITIONS

By signing below I certify that I have read, understood and agreed to the following:

- All statements made on or in connection with this application and any accommodation requests or attachments are true and complete to the best of my knowledge.
- Misrepresentation or omission will cause forfeiture of application fee, right to test and/or certification.
- Upon successfully passing the written, practical and documentation requirements for certification as administered by the ARCB, I will promote and adhere to the principles, code of ethics and professional standards as set forth by ARCB.
- My completed application along with a copy of all applicable reflexology education certificate(s), a resume and the full examination fee must be provided at least 60 days prior to my desired test date.
- The examination fee includes a \$50 non-refundable processing fee.
- If I have not scheduled an exam date within 12 months of the application date the full fee will be forfeited.
- I will provide at least 24 hours' notice to the ARCB office if I need to cancel my scheduled exam date. If I cancel providing the minimum 24 hour notice, my fee may be refunded less the \$50 processing fee or may be applied to a future exam date within 2 years. If I do not take the exam within the 2 year period, my full fee will be forfeited.
- If ARCB cancels an exam that I was scheduled to take, I may choose to have the full exam fee refunded or to keep it on account for the next exam date that I choose within 2 years. If I do not take the exam within the 2 year period, no refund is available.
- Any check(s) returned by the bank due to insufficient funds will be subject to an additional \$50 processing fee.

7. EXAM DATE / LOCATION

List the city and date you'd like to take your exam. You may notify our office at a later date if you haven't yet decided. You have up to 12 months from completion of all portions of your application, payment of fees and provision of school verification to schedule your exam. You may submit the documentations portion of your exam at any time, either before or up to 6 months after taking the written and practical portions.

Date: _____ Location: _____

8. PAYMENT

See our website or call the office for amount of the current application fee for this exam in US dollars. Payments by check are accepted only in US Dollars drawn on a US Bank.

Enclosed check or money order.

Visa Mastercard Card # _____ Expires MM/YY _____ CCV (Security) Code: _____

Name as it appears on credit card: _____

Billing address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____

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9. SIGNATURE AND SUBMITTING OTHER REQUIRED DOCUMENTS

Submit your application, resume, certificates and check (if paying by check) to the ARCB office at the address shown above. You must also complete the Records Release portion of the Records Release and School Verification Form and send it with the School Verification Form to the school(s) where you completed your reflexology training program. Your application is not complete until we receive the verification from your school.

Remember, if you need disability or translation accommodation, you should also include the Accommodation Request Form when you mail in your application and other documentation.

Signature: _____ Date: _____