



SCHOOL VERIFICATION FORM
Foot Reflexology Education

School Director/Instructor: As part of the application process to take the ARCB national certification examination, you must verify that the student who provided you this form has completed a foot reflexology educational program.

Please return this form directly to ARCB with any transcript records your school may have for this student.

School and Student Information

Name of School/Program:
Student's Name:
Month/Year Study Began
Month/Year Study Completed

Verification of Instruction Hours

I/We verify that the student listed above has completed the following hours of instruction:

- Total Hours of Study
• Total hours of instruction (in-classroom/on-line/both)
• Total hours of hands-on practical in-classroom instruction
• Total hours of independent study
• Total practical hours outside of the classroom

Program Completed? YES NO
Certification Granted? YES NO Date of Certification
Name of Reflexology Instructor

Signature of Director/Instructor Date