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Verification of Attendance & Completion

This is to verify that: Name: Address: City: attended and satisfactorily completed the following progratitle of Class: Taught By: Location: CE House National Certification Board for Therapeutic Massage & National Certification Commission for Acupuncture and Arizona Physical Therapists: Beyond Synergy PT Rehabit (CZBII013112) California Acupuncture Board, Provider # CEP 129 California Nurses Association, Provider # CEP 10954	State:	Zip Code: Dates:	
Address:	State:		
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 California Physical Therapists and Occupational Therapi (CZBI-080712) and ZB2 (CZBII-062312) approval Connecticut Physical Therapists: Beyond Synergy PT Reapproval (CZBII013112) Florida Board of Massage Therapy, Provider # 50-4864 Illinois Division of Professional Regulation for Physical Maryland Board of Physical Therapy Examiners Massachusetts Physical Therapists: Beyond Synergy PT approval (CZBII013112) Washington Physical Therapists: ZB1 and ZB2 meet the Washington State 	Bodywork (NCBT) Oriental Medicin litation Network, ists: Beyond Syner habilitation Netwo Therapy, Provider Rehabilitation Net	TMB), Provider # 025786-00 le (NCCAOM), Provider #ACHE ZB1 (CZBI013112) and ZB2 appropriate appropriat	oroval ZB1

Zero Balancing Health Association



Instructor