

PERSONAL INFORMATION

NAME (As you wish it to appear on your certificate):

CITY & STATE: _____

CELL PHONE: _____ HOMEPHONE: _____

EMAIL: _____

PAYMENT HISTORY					
Date	Pmt \$	Balance	Approved	Method of Payment	Check #
		\$ 3,950.00			
				Cash/CC/Check/Paypal/Square	
				Cash/CC/Check/Paypal/Square	
				Cash/CC/Check/Paypal/Square	
				Cash/CC/Check/Paypal/Square	
				Cash/CC/Check/Paypal/Square	
				Cash/CC/Check/Paypal/Square	
				Cash/CC/Check/Paypal/Square	
				Cash/CC/Check/Paypal/Square	

BOARD EXAMS		
BOARD EXAM	DATE COMPLETED	SCORE
Foot Zone Orientation Points		
Foot Zone History		
The Professional FZ Practitioner		
Anatomy Worksheets		
Foot Zone Mapping		
Anatomy & Physiology		

FOOT ZONE PRACTICALS & PRACTICAL EXAM	
# OF COMPLETED FOOT ZONES	
PRACTICAL EXAM DATE	