

Zero Balancing Health Association

8640 Guilford Road, Suite 241 • Columbia, MD 21046 • 410-381-8956 410-381-9634 (fax)
zbha@zerobalancing.com • www.zerobalancing.com

ZERO BALANCING CERTIFICATION PROGRAM OVERVIEW

Certified Zero Balancing Practitioners are recognized as highly skilled healthcare professionals working at the leading edge of the body-mind interface. The Zero Balancing Health Association's (ZBHA) Certification Program develops competency in Zero Balancing (ZB) through the application of the principles and practice of working with the physical structure and energy of the body through skilled touch.

Why Certify? Simply stated, if you want to master Zero Balancing, certification is the clearest and most efficient way to do that. Any practitioner who wants to incorporate ZB into their practice will benefit from having their ZB skills developed and evaluated. In addition, candidates are recognized as members of the Zero Balancing Health Association, which includes a searchable practitioner profile page on www.zerobalancing.com.

The Zero Balancing Certification Program combines completion of required course hours with options to choose study and mentoring activities. Certification Program candidates are tested on both their knowledge of the Zero Balancing principles and protocol as well as hands-on skills. Successful completion of the program earns the practitioner the credential "Certified Zero Balancer" (CZB) and grants rights and privileges to use the registered name, Zero Balancing®, in association with their professional practice.

ZB Certification and Being a Health Care Professional Having a successful Zero Balancing practice requires both Zero Balancing skills and the skills of practicing ZB as a health care professional. We at the ZBHA are responsible for helping students' progress through a training process to become skilled practitioners of ZB. However, it is outside the scope of our program to fully train people in a new career as a health care professional. We expect that all certification candidates will get their basic professional training elsewhere.

Professional training involves acquiring information and skills to practice within a particular profession. Such training is also a structured process of engagement that transitions one's awareness to be able to provide objective, ethical, and grounded consultations and treatments as a health care provider. We trust that having successfully completed a previous course of study, certification applicants will be prepared to offer Zero Balancing to clients with awareness of their own skills, scope of practice, areas of limitation, and options for both referral and professional supervision when needed.

We recognize that some people come into their professional practice through unconventional programs of study and practice. In these cases, we ask for more information about the applicant's training, current health care practice and professional support networks. If we feel that their training, experience and/or professional support is insufficient, we will discuss options by which an applicant can get additional training and/or supervision prior to either entering or completing the ZB Certification Program.

Eligibility Requirements: The following individuals are automatically eligible for the certification program:

A. Licensed health care professionals

The following types of applicants are asked to provide additional information about professional training, current practice and support systems to determine their eligibility for certification in Zero Balancing. These applicants include:

B. Health care professionals with no formal license and with an active practice of three years or longer

C. Health care professionals with no formal license with an active practice of less than three years duration

D. Students enrolled in a professional healthcare training program that leads to a license or certification

Note: *Zero Balancing certification does not provide a license to practice health care.*

Application Process: Complete, sign, and return the ZB Certification Program application along with your applicable payment. ZBHA will review your application and respond within two weeks as to whether you are accepted, ineligible at this time, or more information is required to process your application.

If you have any questions about your eligibility please feel free to send your questions to the [Certification Committee](#) before applying.

Cost of Certification: The cost of the program is \$600, \$100 of which is nonrefundable. Payment options are available through the ZBHA (see application for details).

The fee covers one written exam and one practical exam, ZBHA membership, and a practitioner listing on the ZB website. The fee does not include cost of classes or additional training provided by individual teachers or mentors such as mentoring, practice exams or touch feedback sessions.

Summary of Program Requirements:

1. Minimum of 100 hours of ZB courses:

- Zero Balancing I
- Zero Balancing II
- Two certification electives **: *Form and Fulcrums I, Freely Moveable Joints, Alchemy of Touch, or Geometry of Healing*

** Note: students may choose to repeat Zero Balancing I and/or Zero Balancing II as one or both of their certification electives. ZB faculty and staff are available to discuss this option.

2. Pass Two Exams:

- Written Exam: Open-book, multiple choice exam with questions on the ZB protocol, ZB principles, and the information required to have a safe and effective Zero Balancing practice.

- Practical Exam: Giving a Zero Balancing to a ZBHA faculty member that meets the standards specified on the Practical Exam Form.
3. Submit a log of any recommended activities utilized during the Certification Program (see list below).

Activities recommended for success:

- Give 50-100 pure ZBs.
- Receive at least 10 pure ZBs from certified ZBers.
- Review the material presented in the courses (reread study guides and notes, view videos).
- Repeat ZB I and/or ZB II in addition to completing the required courses. (Repeat tuition discounts apply.)
- Work, including giving and receiving sessions and feedback, with one mentor or with several different mentors throughout the program, on a fee-for-service basis.
- Keep a personal journal to note questions and observations arising from giving and receiving ZBs.
- Join the program with a colleague or friend with whom to trade ZBs and study.
- Exchange with fellow students, certification candidates, and certified ZBers.
- Read Inner Bridges and Alchemy of Touch by Dr. Fritz Smith and/or Zero Balancing by John Hamwee.
- Attend additional ZB courses such as Advancing Skills Days, advanced classes, and ZB conferences/benefits.
- Do a ZB service project with the assistance of a mentor or certified ZBer.

Certification Program Sequence:

1. Apply, enroll and pay program fees (in full, or payment plan)
2. Study and practice ZB (courses and recommended activities as needed)
3. Submit any outstanding program fees and request written exam
4. Submit and pass written exam (if fail, retake for a fee of \$50)
5. Schedule, give and pass practical exam (if fail, retake for a fee of \$100)
6. Submit activity log and program evaluation
7. Receive certificate of completion, ZB logos, permission to call yourself a Certified Zero Balancer (CZB), access to the Certified Member Center of the ZBHA website, and information about maintaining your standing as a certified member of the ZBHA
8. Arrange to have a graduation ceremony at a ZB class, event or study group (optional and highly recommended). Please note that you may not schedule your practical exam during the same class in which you plan to graduate.

Membership in the Zero Balancing Health Association following Certification

Certified Zero Balancers who maintain their membership in the ZBHA benefit from having an ongoing presence on the ZBHA website to attract new clients and facilitate referrals. Certified members also have many opportunities to grow their Zero Balancing skills in community forums, advanced courses and conferences, as well as assisting at ZB classes and becoming leaders in the ZB community. Member benefits also include an opportunity to be part of both online and in-person ZB study groups and access to information on the website Member Center.

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ZERO BALANCING CERTIFICATION PROGRAM APPLICATION

Thank you for your interest in Zero Balancing Certification. Please complete Sections I, II, and III and return to the ZBHA office. If you have questions about the application, the Certification Program, or payment options, contact us at zbha@zerobalancing.com or 410-381-8956.

The ZBHA staff will acknowledge receipt of your Certification Program application within two weeks and will let you know if additional information is needed to fully process your application.

SECTION I: CONTACT INFORMATION

Personal:

Name: _____

Address: _____

Preferred phone #: _____ Email Address: _____

Professional:

Professional Designation: (LMT, PT, etc) _____

Business Name: _____

Address: _____

Phone: _____ Email: _____ Website: _____

Preferred address and phone for office communications: (circle one) personal/professional

Preferred address and phone # for website listing: (circle one) personal/professional

Zero Balancing Experience: Have you taken any ZB courses? If yes, please list the names and dates:

ZB COURSE TITLE	DATES	INSTRUCTOR

Approximately how many pure ZB sessions have you given? # _____ received? # _____

Please state briefly why you want to join the ZB Certification Program (attach to application).

SECTION II: ABOUT YOUR PROFESSIONAL PRACTICE

Identify which group (A, B, C or D) best describes your practice and provide the information requested.

A. Licensed Health Care Professional

PROFESSION/LICENSE	EXPIRATION DATE	LICENSING AGENCY

Please proceed to Section III

B. Health Care Professional with no formal license: active practice of three years or longer

PROFESSION/TRAINING PROGRAM	# HOURS OF TRAINING	SCHOOL OR PROVIDER	DATE OF COMPLETION

1. Did the professional training program in the modality that you are practicing include instruction in anatomy, pathology, therapeutic relationships, and professional ethics?
 Yes / No If no, briefly describe any additional training and/or mentoring in these areas.

2. Tell us about your current practice, including how many sessions per week you provide.

3. Do you have support through professional relationships with mentors, practitioners, networking groups? Are you a member of any professional organizations?

Please proceed to Section III

C. Health Care Professional with no formal license: active practice of less than three years.

PROFESSION/TRAINING PROGRAM	# HOURS OF TRAINING	SCHOOL OR PROVIDER	DATE OF COMPLETION

1. Did the professional training program in the modality that you are practicing include instruction in anatomy, pathology, therapeutic relationships, and professional ethics?
 Yes / No If no, briefly describe any additional training and/or mentoring in these areas.

2. Tell us about your current practice, including how many sessions per week you provide.

3. Do you have support through professional relationships with mentors, practitioners, networking groups? Are you a member of any professional organizations?

Please proceed to Section III

D. Student in Professional Healthcare Program that leads to a license or certification

PROFESSION/TRAINING PROGRAM	# HOURS OF TRAINING	SCHOOL OR PROVIDER	DATE OF COMPLETION

Does the professional training program in the modality that you plan to practice include instruction in anatomy, pathology, therapeutic relationships, and professional ethics?

Yes / No If no, briefly describe any additional training and/or mentoring in these areas.

Please proceed to Section III

SECTION III: CERTIFICATION PROGRAM COST AND PAYMENT OPTIONS

Note: payment options are not applicable to Zero Balancing Core-Pak students.

The ZB Certification Program fee is \$600. This fee includes:

- ✓ the cost of administering one written and one practical exam
- ✓ membership in the Zero Balancing Health Association
- ✓ a practitioner listing on www.zerobalancing.com

(Note: the tuition for required courses and costs for ZB sessions, ZB tutorials, additional courses and mentoring services are not covered by this fee.)

Choose one payment plan:

Payments via ZBHA

___ Payment in full. \$600 submitted at time of application, \$100 of which is non-refundable.

___ Five monthly payments: \$100 non-refundable initial payment, to be submitted with application, \$105 per month for the next five months, total payment \$625.

___ Ten monthly payments: \$100 non-refundable initial payment, to be submitted with application, \$55 per month for the next ten months, total payment \$650.

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ZERO BALANCING CERTIFICATION PROGRAM AGREEMENT

I understand the Zero Balancing Certification Program and courses are not designed nor intended to grant a legal privilege to do hands-on therapy and do not provide a legal basis from which to do so. *It is my responsibility to satisfy any state or local requirements to practice hands-on professional work.*

Signature: _____ Date: _____

I am applying for entrance into the ZB Certification Program and I agree to the following:

Completion Requirements: I agree to complete all requirements of the program including attending 100 hours of approved classes, passing a written exam, passing a practical exam, submitting an activity log, and payment of fees.

Completion Time Period: I understand this program is to be completed within three (3) years from the date of acceptance. One additional year may be granted by sending in a written request and paying a non-refundable fee of \$150. Candidates who do not complete the program by their completion date will be considered withdrawn.

Membership in the ZBHA and Maintaining Professional Certification Status:

Upon successful completion of the ZBHA Certification Program, candidates will become Certified Zero Balancers and members of the ZBHA. Membership benefits and status are maintained by paying yearly dues.

Logos and Registered Trademarks: I understand the terms Zero Balancing® and Certified Zero Balancer® and the Zero Balancing logo are registered trademarks and may not be used without the sanction of the Zero Balancing Health Association. I understand I may use these terms after I am certified as long as I maintain active membership in the ZBHA.

Credentials: I understand that following receipt of an acceptance letter from the ZBHA, I may refer to myself in writing as a ZB Certification Candidate or a Candidate in the Zero Balancing Certification Program.

Ethics Guidelines: I have read and agree to the Ethics Guidelines of the ZBHA.

Name of applicant: _____

Signature: _____ Date: _____

Enclose:

- Completed application
- Payment agreement with full or partial payment of Certification Program fee.
- Signed agreement

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