



**PERSONAL INFORMATION:**

Last Name

First Name

Middle Name

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Date of Birth

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Address

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City

State/Province

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Zip/Postal Code

Country

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Contact Number: (please include country/city code)

E-mail

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**IBBFA WEBSITE LISTING INFORMATION:**

The IBBFA website offers a "Search" function that enables the public to locate IBBFA® Certified Barre instructors. Please provide the information you wish to have displayed on the IBBFA website.

Professional/Preferred Name

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City

State/Province

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Zip/Postal Code

Country

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Facility Name

Website

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**ATTESTATION:**

I understand that in processing my application, IBBFA may verify my education or training. I agree to cooperate in the review and authorize others to provide information regarding my training. I hereby solemnly declare and affirm, under the penalties of perjury, that everything contained in the foregoing application is true and correct, and that I have read and understand and commit to all the stipulations outlined in the Candidate Handbook and/or Exam Guide.

If an application is missing pertinent information 90 days after original receipt, the application will be closed and the application fee will be forfeited. Candidates who do not complete their application within 90 days may reactivate their application by submitting a written request and a \$75 fee within 30 days of the application expiration. If the application is not completed during this 90-day period, the application will be closed and the candidate must re-apply and pay the application fee.

Save this document to your desktop to complete. Attach filled application and all required documentation for eligibility to an email sent to [Support@IBBFA.com](mailto:Support@IBBFA.com)

**Applicant Name (please print)**

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Signature of Applicant

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(Date)