

## **EXAM CHECKLIST**

#### **EXAM ELIGIBILITY REQUIREMENTS:**

To Qualify for the National Board Certification Exam you must:



» complete an <u>NBHWC</u> <u>approved training</u> <u>program</u>.



» complete <u>50 health</u> & wellness coaching sessions.



» have an <u>associate's</u> <u>degree or higher or</u> <u>4,000 hours work</u> <u>experience</u> (any field).

#### **EXAM APPLICATION STEPS:**

To Apply for the National Board Certification Exam

a

Create an account on the National Board of Medical Examiners:

www.mynbme.org.

b

Register and pay for the exam

- » The application fee is \$100 (nonrefundable.)
- » The exam fee is \$400.
- » Fees must be paid prior to submission.
- » Click <u>here</u> to read our Fee Policy.

C

Upload the following documents before the application deadline:

- Letter of Completion from an <u>Approved</u>
   Training Program.
- » Your <u>NBHWC</u>
  Coaching Log.
- Education or
   Work Experience
   Attestation Form



# NBHWC HEALTH AND WELLNESS COACHING LOG

To sit for the HWC Certifying Examination, all health and wellness coaches are required to provide a written log of 50 health and wellness coaching sessions that meet the following criteria.

Health & Wellness Coaches may begin recording coaching sessions in their coaching log after they have completed a Practical Skills Assessment (PSA) provided by their NBHWC Approved Training Program. If you have questions regarding when you passed your PSA, please contact your program directly.

Only coaching sessions that occur after passing the PSA may be included in the coaching log.

Coaching sessions **may not be** with friends, family or classmates.

Each coaching session must be a minimum of 20 minutes in duration.

Coaching sessions can be paid or pro bono.

75% of each coaching session must be devoted to coaching facilitation and not education.

Coaching must be facilitated in person, by phone or using live interactive technology such as Facetime or Skype.

For each coaching session your log must include:

- A coded identity for your client to retain confidentiality.
- The length of your coaching session.
- The date of your coaching session.

A general overview of the topics discussed with your client.

#### Example:

Coaching Session	Client's coded identity	Individual/Group (If you are coaching a group, please list the number of participants)	Date of coaching session	Length of coaching session	Session # with coaching client	Topics discussed during the coaching session
1	X23	Individual	3/3/12	30 min.	6	Test results, fears, goals
2	X24	Group, 6 participants	6/5/13	60 min.	1	Children and stress
3	X25	Individual	7/17/14	30 min.	3	Sleep and eating habits



## **COACHING LOG**

Complete the log below and submit it when you apply for eligibility to sit for the National Certification Examination.

Coaching Session	Client's coded identity	Individual/ Group (If you are coaching a group, please list the number of participants)	Date of coaching session	Length of coaching session	Session # with coaching client	Topics discussed during the coaching session
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

On my honor, I attest/certify/promise that I provided the above listed coaching sessions as noted. In each listed session, at least 75% of the time was spent coaching, rather than solely educating.

Signature	Date
- 15. Tar sair s	_ 333



## **Documentation of Education**

#### **Attestation Form**

On my honor, I attest that I have an associate's degree (or higher) and am eligible to sit for the Health & Wellness Coach Certifying Examination.

I am aware that I may be audited and asked to present a transcript of my completed education.

Signature	
Date	



A summary of your 4,000 hours of work experience

(towards the 4,000 hours)

Names of your previous employers

### **WORK EXPERIENCE OPTION**

**Dates Employed** 

Average Monthly Hours

Total number of work

I have neither an associate degree or higher, nor 60 college credits.

Please summarize your 4,000 hours of work experience to meet the eligibility requirements to sit for the Health & Wellness Coach Certifying Examination.

Please provide the following information using the form below:

	anager or Supervisor Co	ontact	experience hours				
	ormation b Title	8	A notarized copy of the HWC Work Experience Form				
30	D Title		WOIN EXPEN	crice i omi			
Employer	Manager or Supervisor Contact Information	Job Title	Dates Em	ployed	Total # of Hours in this position		
On my honor, I attest that the above information is accurate and true.							
Signature State of							
Date			County of				
This instrument was signed or acknowledged before me on							
Ву							