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## **AFFIDAVIT FOR ELIGIBILITY FOR TWENTY-YEAR CERTIFICATION**

I attest that I have been certified to practice, and have practiced the *Feldenkrais Method*<sup>®</sup> for a cumulative total of twenty years.

I understand that maintaining Certification is contingent on my agreement to comply with the following FGNA policies: “E2.3.2.1 The *Feldenkrais Method*<sup>®</sup> of Somatic Education Standards of Practice”; “E2.3.3.2 Code of Professional Conduct”; and “E2.4.2.1 FGNA Service Marks, Certification Marks and Trademarks” completing the applicable form(s), and paying the applicable fee\*.

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Printed Name	Signature	Date
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\* The applicable fee refers to yearly membership or certification fees. There is no additional charge for submitting the Affidavit of Eligibility for Twenty-Year Certification.

**Please return your signed affidavit via fax, email, or regular mail to:**

Fax: 781-645-1322

Email: [membership@feldenkraigslist.com](mailto:membership@feldenkraigslist.com)

Mail: FGNA  
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