



National Board for Health and Wellness Coaching

info@nbhwc.org
866-535-7929 ext 1
PO Box 16307
San Diego, CA 92176

Date: _____

This letter certifies that the student named below has successfully completed the **Health Coach Certification at mindbodygreen.**

This program has been approved by the National Board for Health & Wellness Coaching (NBHWC) under the 2018 standards. The graduate has met the HWC Certifying Examination requirement of completing and NBHWC approved training program.

Student Full Legal Name: _____

Practical Skills Assessment Date: _____


* This is the first date that can be used on the NBHWC Coaching Log

Program Completion Date: _____

Graduate must select program number **200262** from the dropdown menu when applying for the examination.

Please see the [NBHWC website](#) to download the complete NBHWC Exam Application Packet as well as application deadlines.

Program Director Name: _____

Program Director Signature:  _____

Date: _____

Only graduates of programs approved under the 2018 requirements should be given this letter

