

10

List **Registered** New York State Acupuncture Programs completed.

Program Sponsor: _____ Hours of Instruction: _____

Location of Program: _____ Date of Program: ____ / ____ / ____

Program Sponsor: _____ Hours of Instruction: _____

Location of Program: _____ Date of Program: ____ / ____ / ____

Program Sponsor: _____ Hours of Instruction: _____

Location of Program: _____ Date of Program: ____ / ____ / ____

11

PHOTOGRAPH REQUIREMENT:



Date of photo: _____

12

AFFIDAVIT WITH ACKNOWLEDGMENT (Notarization required.)

APPLICANT

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Signature of the applicant: _____

NOTARY

State of _____ County of _____
On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature _____

Notary ID number _____

Expiration date _____ / _____ / _____
Month Day Year

Notary Stamp

Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, Fee Section, Division of Professional Licensing Services, 89 Washington Avenue, Albany, NY 12234-1000. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.