

SECTION II : CERTIFICATION OF ACUPUNCTURE EDUCATION

INSTRUCTION TO SCHOOL: Please complete Part A or Part B of this section, sign the certifying statement, attach any additional information required (if applicable) and send this form directly to the Office of the Professions at the address shown below. **This form will not be accepted if returned by the applicant or any other party.**

Name of applicant _____
 (Item 6, Section I)

A. New York State Registered/Approved Acupuncture Programs:

The above named applicant has completed the following programs registered by the New York State Education Department as qualifying for credit toward the 300 hours of acupuncture training required for certification to use acupuncture.

Program title: _____

All program requirements were met on: ____ / ____ / ____ Acupuncture credential was awarded on: ____ / ____ / ____
 mo. day yr. mo. day yr.

| Date | Title of Program | Hours of Credit |
|------|------------------|-----------------|
| | | |

B. Non New York State Registered/Approved Acupuncture Program (Attach transcript showing content and hours):

The above named applicant has completed the following program not registered by the New York State Education Department as preparation for the practice of acupuncture.

Program title: _____

The program contained ____ hours of classroom work The program contained ____ hours of supervised clinical training

Date of admission: ____ / ____ / ____ Date of Completion: ____ / ____ / ____
 mo. day yr. mo. day yr.

Credential Awarded: _____ Date: ____ / ____ / ____
 mo. day yr.

This program was approved by: _____

CERTIFICATION

I certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the individual named on this form.

Signature: _____ Date: ____ / ____ / ____

Type or print name: _____

Title: _____

School: _____


Address: _____

Telephone: _____ Fax _____

E-mail address: _____

(SEAL)

CERTIFICATION IS NOT ACCEPTABLE UNLESS DATED AFTER GRADUATION.

Return this form Directly to: 

New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Medicine Board, 89 Washington Avenue, Albany, NY 12234-1000.