

SECTION II: CERTIFICATION OF PROFESSIONAL ACUPUNCTURE EDUCATION

INSTRUCTIONS TO SCHOOL: Please complete this section of the form, sign the certifying statement, attach an official transcript, and send **directly** to the Office of the Professions at the address at the end of the form. The official transcript must bear the original signature of the registrar and the original seal of the school. **THIS FORM WILL NOT BE ACCEPTED IF RETURNED BY THE APPLICANT.**

1. Name of applicant: _____
(See Number 5 on page 1)

2. Professional School:
Name: _____
Address: _____
(street) (city) (state) (zip code) (country)

3. Date of applicant's entrance, date of completion of studies or withdrawal from the school:
Entrance date: _____ Completion/Withdrawal date: _____

4. Title of Degree/Diploma conferred: _____ Date of conferral: _____

5. Please list the number of years of education required for admission to this program: _____

6. What was the credential/diploma submitted by the applicant named above for admission to your school? _____

7. Was this a formal acupuncture program, of a minimum of 4,050 hours, which included: 1) at least 200 classroom instructional hours in the biosciences including anatomy, physiology and pathology; 2) at least 600 classroom instructional hours in acupuncture principles, theory, and techniques; and 3) at least 650 hours of supervised clinical acupuncture experience?
 YES NO

8. **FOR U.S. INSTITUTIONS ONLY:**
Was this program accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) at the time the applicant was enrolled in such program?
 YES NO

9. At the time of this student's enrollment, was this program accredited by another professional or governmental agency?
 YES NO
If Yes, provide the name of the agency _____

10. **FOR INSTITUTIONS LOCATED OUTSIDE THE U.S.:**
What governmental agency accredited this acupuncture program at the time of this student's enrollment? _____

IMPORTANT: ATTACH OFFICIAL TRANSCRIPT, MARKSHEETS, OR OTHER RECORD, REPORTED IN CREDIT HOURS, SHOWING COURSES STUDIED BY YEAR AND PASSED (WITH GRADES IF AVAILABLE) OF ALL COURSES TAKEN AT THE SCHOOL.

THE OFFICIAL TRANSCRIPT MUST BEAR THE ORIGINAL SIGNATURE OF THE REGISTRAR AND THE ORIGINAL SEAL OF THE SCHOOL.

CERTIFICATION BY REGISTRAR

I certify that the information shown above is true and correct for the individual named in Section I, according to the educational records of this office.

Signature: _____ Date: _____ / _____ / _____
Mo. Day Yr.

Print name: _____

Title: _____

School: _____

Telephone: _____ Fax: _____

E-mail: _____

**OFFICIAL
COLLEGE
SEAL**

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Acupuncture Unit, 89 Washington Avenue, Albany, NY 12234-1000.