

Council of Colleges of Acupuncture and Oriental Medicine

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**CLEAN NEEDLE TECHNIQUE
CERTIFICATE/VERIFICATION REQUEST FORM**

Name: _____ Birthdate (required): _____

Email address: _____ Phone: _____

Current Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Date of CNT course (approximate date is acceptable if exact date is unknown): _____

Location of CNT Course (city/state): _____

PAYMENT INFORMATION:

There is a \$15 fee per request, payable by check or credit card. If paying by credit card, please provide the following:

Credit card number: _____ Expiration date (month/year): _____

Zip code of card holder: _____ Security code: _____

(IMPORTANT: For your protection, if you send your request by email, do NOT fill in the credit card information, but call us with this information. We are not secured for internet credit card transactions. If you fax or mail the form, however, you can include the card information on the form.)

ACTION REQUESTED:

- I would like a replacement certificate to be sent to me at the above address.
- My name has changed (a copy of legal papers documenting my name change is enclosed) and I would like a new certificate to be sent to me at the above address. (My old name is listed above; my new name is: _____.)
- I have recently completed the CNT course and I would like an early certificate to be sent to me as soon as possible, to the above address.
- I would like verification of my CNT course completion to be sent to the NCCAOM.
Your NCCAOM ID #: _____ (required) Please do not request that we send CNT verification to the NCCAOM until after you have been assigned an NCCAOM ID number. We cannot upload the information to their portal unless you have this number.
- I would like verification of my CNT course completion to be sent to the following state board or other entity:
Name of Entity: _____
Contact Person, if applicable: _____
Address: _____
City/State/Zip: _____
- I would like the above request sent overnight via express mail, for an additional \$35 charge.

NOTE: If you are requesting that we notify a state board or the NCCAOM, you should follow up by making sure that the agency in question received the verification, since sometimes letters are lost in the mail. Please note that it may take 2 weeks or more for the verifications to reach their destinations once we receive the request. Also please note that we do not begin the verification process until full payment has been received.

OFFICE USE ONLY

Date Rec'd _____ Amt. Rec'd _____ Check # _____ CC Auth. # _____