

Council of Colleges of Acupuncture and Oriental Medicine

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

Please complete this form and mail or fax it with a check, money order, or credit card authorization for **\$15.00 per request** to the address listed above.

Name: _____

Current Address: _____

City: _____ **State:** _____ **Zip:** _____

Country: _____ **Phone Number(s):** _____

Email address: _____ **Soc. Sec. #:** _____

Date and location of CNT course (*approximate date is acceptable if the exact date is unknown*):

Date of Course: _____ **Location of Course:** _____

If paying by credit card (*mastercard or visa only*):

Credit card number: _____ **Exp. Date:** _____

- 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.
- I would like verification of my CNT course completion to be sent to the following state board:

Name of Board: _____

Address of Board: _____

City/State/Zip: _____

(Note: To ensure the timely processing of a request for verification of CNT course completion, please submit your request for verification to the CCAOM national office no later than 30 days before the date your state licensing board sets for its receipt of the verification.)

OFFICE USE ONLY

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