



Council of Colleges of Acupuncture and Oriental Medicine

## SCHOOL SIGNATURE FORM FOR CURRENTLY ENROLLED AOM STUDENTS

In order to verify that you are a CURRENTLY ENROLLED STUDENT AT AN ACUPUNCTURE AND/OR ORIENTAL MEDICINE SCHOOL OR PROGRAM, please have an authorized officer at your school review and sign this form.

Student's Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Name of Program: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby verify that the above individual is currently enrolled as an acupuncture student, and that he/she has completed or will commence a needling techniques course no later than the date on which he/she will take the CCAOM CNT course, with the understanding that the CCAOM CNT course is not intended to be the first needling experience for students.

\_\_\_\_\_  
signature of authorized school officer

\_\_\_\_\_  
printed name of authorized school officer

\_\_\_\_\_  
email address of authorized school officer

*\*(Note: Applications will not be accepted without the above signature.)*

