

CNT ELIGIBILITY REQUIREMENTS FORM

Name of Applicant: _____

In order to be eligible to take the CCAOM CNT course, you must document **one** of the following (**check one only**):

1. RETAKING CNT. No additional documentation is needed. In order to be considered a "Retake", you must have previously registered for a CCAOM CNT Course and (a) did not pass, (b) did not attend the course you registered for, (c) cancelled your enrollment in a previous course, or (d) took and passed CNT, but need to retake the course for NCCAOM/state licensing purposes.

2. CURRENTLY ENROLLED STUDENT AT A U.S. ACUPUNCTURE AND/OR ORIENTAL MEDICINE SCHOOL OR PROGRAM.
(Note: Applications for currently enrolled students will **not** be accepted without a signature from an authorized school officer.)

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: _____ Date: _____

3. CURRENTLY ENROLLED STUDENT AT AN INTERNATIONAL ACUPUNCTURE AND/OR ORIENTAL MEDICINE SCHOOL OR PROGRAM. You must provide an official copy of your transcripts. If these documents are in a language other than English, you must also provide an official English translation.

4. GRADUATE OF AN ACUPUNCTURE AND/OR ORIENTAL MEDICINE SCHOOL OR PROGRAM. You must provide a copy of your educational transcripts and diploma. If these documents are in a language other than English, you must provide an official English translation.

5. APPLICANT FOR THE NCCAOM EXAMINATION. Please provide your NCCAOM Candidate ID number: _____.

6. ENROLLMENT IN A STATE OR NCCAOM APPROVED TUTORIAL. You must provide a copy of the state or NCCAOM approval letter for your tutorial, as well as a letter from your tutorial provider documenting your completion of needling techniques training.

7. LICENSED ACUPUNCTURIST OR OTHER HEALTH CARE PROFESSIONAL LEGALLY ABLE TO PRACTICE ACUPUNCTURE IN THE U.S. You must provide a copy of your license, as well as a copy of the current state statute authorizing acupuncture as being within the scope of practice of your profession. If you are licensed in the state of California, please provide your license number: _____.

8. NADA DETOXIFICATION SPECIALIST. You must provide a copy of your NADA certificate of training.

ASSUMPTION OF RISK, RELEASE AND WAIVER: I, _____ swear or affirm that the information I have provided is to the best of my knowledge true and accurate. I understand that the successful completion of the CNT course may not be construed, considered or implied to be in any way a statement of competency to practice as an acupuncturist. I agree that I shall not advertise, represent or in any way hold myself to be a licensed acupuncturist or certified by the National Certification Commission for Acupuncture and Oriental Medicine by completing the CCAOM CNT course. Furthermore, I have read, understand, and agree to the CCAOM CNT policies and procedures as on the CCAOM website. In the event that the CCAOM CNT course in which I am enrolled is cancelled due to inclement weather or any other unforeseen circumstance, I agree not to hold the CCAOM responsible for any personal expenses incurred related to attending the course, including, but not limited to, travel or accommodations. I understand that there are risks involved in my participation in the Clean Needle Technique (CNT) course I have enrolled in, including but not limited to personal injury resulting from a needling accident. I understand that as a prerequisite to this class, I must have completed or be currently enrolled and active in an acupuncture techniques course at an established school of acupuncture. I represent that, based on my prior coursework, I can safely self-administer acupuncture needles. I further understand and acknowledge that neither the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM), the course instructor, nor any person or entity with which they are affiliated will be responsible for any injury I may suffer resulting from my participation in the CNT course. In consideration of my participation in the CNT course, I assume all risks and responsibilities surrounding my involvement, including but not limited to all risk of personal injury. I release and agree to defend, hold harmless and indemnify the CCAOM, its instructors, directors, officers, employees, agents and representatives of, from and against all liabilities, claims, demands or causes of action of any kind or nature that relate or pertain in any way to my participation in the CNT course, including delay in licensure, loss of income, or other financial loss. **I ASSUME ALL OF THE RISKS INVOLVED WITH MY PARTICIPATION IN THE CNT COURSE. I ASSUME THESE RISKS, WHETHER THEY ARE FORESEEN OR UNFORESEEN AND REGARDLESS OF WHETHER THEY ARE DUE TO INTENTIONAL TORTIOUS CONDUCT OR NEGLIGENCE BY OR ON BEHALF OF THE CCAOM, THE INSTRUCTOR, OR ANY INDIVIDUAL AT THE COURSE.** I acknowledge and confirm I have carefully read, understand and agree to this Assumption of Risk, Release and Waiver.

Applicant's Signature: _____ Date: _____ Printed Name: _____