

CCAOM CNT PRACTICAL COURSE SCORE VERIFICATION

ATTENTION APPLICANT: If you previously took the CNT/Practical course through CCAOM, please complete the portion of this form above the dotted line, and mail this form along with a check for \$15.00 to:

**Council of Colleges of Acupuncture and Oriental Medicine (CCAOM)
600 Wyndhurst Drive, Suite #: 112, Baltimore, MD 21210
Telephone #: (410) 464-6040 Fax #: (410) 464-6042**

TYPE OR PRINT CLEARLY:

Name: _____

Address: _____

City: _____ State: _____ Phone # : (_____) _____

I authorize the Council of Colleges of Acupuncture and Oriental Medicine to release to the Committee on Acupuncture - all information requested below:

Applicant's Signature _____ Date ____/____/____

ATTENTION CCAOM: Please complete this form and mail to:

Committee on Acupuncture
200 Harvard Mill Square, Suite 330, Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383 Website: www.massmedboard.org

I, _____ (Print Name) _____ (Official Title)

of the Council of Colleges of Acupuncture and Oriental Medicine, attest that the above named acupuncturist passed the **CCAOM CNT/Practical course**

on ____/____/____ with a score of _____. The passing score was _____.

The exam was taken in _____ language.

(Signature)

_____/_____/_____
(Date)

SEAL