

# CONTINUING EDUCATION FORM

List each of the courses you completed and submit copies of Certificates of Completion for the courses listed. **Courses submitted for continuing education hours, which are approved by the National Certification Board or the National Certification Commission for Acupuncture and Oriental Medicine, MUST include the provider number of the course provider. This page must be completed, signed and dated, otherwise it will be considered an incomplete renewal application and returned to you.** *(If you need more space, you may photocopy this page)* *(Revised 06.2007)*

<p>Course Title: _____</p> <p>Location (City, State): _____ <i>(If course is distance learning, leave location blank)</i></p> <p>Instructor's Name: _____</p> <p>Date Course Completed: _____</p>	<p><i>(Check All That Apply)</i></p> <p><input type="checkbox"/> NCBTMB or <input type="checkbox"/> NCCAOM Approved Provider# _____</p> <p><input type="checkbox"/> College / University Course</p> <p><input type="checkbox"/> Classroom Instruction</p> <p><input type="checkbox"/> Distance Learning/Home Study</p> <p><input type="checkbox"/> Ethics Total Hours for this Class: _____</p>
<p>Course Title: _____</p> <p>Location (City, State): _____ <i>(If course is distance learning, leave location blank)</i></p> <p>Instructor's Name: _____</p> <p>Date Course Completed: _____</p>	<p><i>(Check All That Apply)</i></p> <p><input type="checkbox"/> NCBTMB or <input type="checkbox"/> NCCAOM Approved Provider# _____</p> <p><input type="checkbox"/> College / University Course</p> <p><input type="checkbox"/> Classroom Instruction</p> <p><input type="checkbox"/> Distance Learning/Home Study</p> <p><input type="checkbox"/> Ethics Total Hours for this Class: _____</p>
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<p><b>By my signature below, I certify all information contained in this Application for License Renewal and all supporting documentation is true and valid.</b></p> <p>_____</p> <p style="text-align: center;">Signature <span style="margin-left: 100px;">Date</span></p>	<p><b>Total Hours This Page:</b> _____</p> <p><b>TOTAL HOURS SUBMITTED FOR RENEWAL:</b> _____</p>