

# FORM E

## CERTIFICATION VERIFICATION REQUEST

**INSTRUCTIONS:** Please complete the top portion of this form, enclose a check or money order for \$25 made payable to the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) and mail to:

**National Certification Commission for Acupuncture and Oriental Medicine**  
**76 South Laura Street, Suite 1290**  
**Jacksonville, FL 32202**  
**PHONE: (904) 598-1005**

(Please contact NCCAOM to make sure there has not been a change in fee schedule)

**I am applying for a Georgia Acupuncturist license. The Georgia Composite Medical Board requires your Board to complete this form in order that my application for licensure may be considered. By signing this form, I give my consent to the release of any information, favorable or otherwise, for its review in considering me for licensure. Please mail the completed form as soon as possible to the Board at the address listed below.**

Please print clearly:

FULL NAME	STREET ADDRESS, APT. NO.	CITY	STATE	ZIP CODE
LICENSE #	ISSUED	EXPIRES		

**PART 2: This Section To Be Completed By An Official of the above referenced licensing Board. Do not return this form to the applicant, but mail it directly to the Georgia Composite Medical Board at the address below.**

1. Is the above individual currently certified in your state? \_\_\_ Yes \_\_\_ No
2. What was the total number of hours in training? \_\_\_\_\_
3. Was this person required to take an exam? If so, name the exam: \_\_\_\_\_ \_\_\_ Yes \_\_\_ No
4. Has this license ever been revoked, suspended, denied or otherwise disciplined by your state? \_\_\_ Yes \_\_\_ No
5. Has the above individual ever been convicted of a felony? \_\_\_ Yes \_\_\_ No
6. Do you know of any reason why certification should be denied? \_\_\_ Yes \_\_\_ No

Name of verifying person: \_\_\_\_\_  
Please print legibly

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency Phone Number

**Mail your completed form to:**

Georgia Composite Medical Board  
ATTN: Acupuncture Licensure  
2 Peachtree Street, N.W., 36<sup>th</sup> Floor  
Atlanta, GA 30303