

FORM E CERTIFICATION VERIFICATION REQUEST

INSTRUCTIONS: Please complete the top portion of this form 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 check the fee amount)

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
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LICENSE #	ISSUED	EXPIRES
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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 Has this license ever been revoked, suspended, denied or otherwise disciplined by your state?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., 36th Floor
Atlanta, GA 30303