

FORM C CERTIFICATION OF EDUCATION FOR ACUPUNCTURE

INSTRUCTIONS: Please request your graduating school to submit the required information and mail the completed form to the Georgia Composite Medical Board at the address listed below.

It is hereby certified that _____
(Student's Name)

of _____ matriculated in _____

at _____ from _____ to _____ and was granted a

_____ on _____.
(Type of Degree) (Date)

Name of Dean, Registrar or Director

_____ Name

_____ Date

Notary or School Seal is Required:

Sworn to and subscribed before me this _____ day of _____, 20_____

Notary Public

My commissions expires _____.

Please submit your completed form to:

<https://gcmb.nextrequest.com/>