

**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.

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**It is hereby certified that** \_\_\_\_\_  
(Student's Name)

of \_\_\_\_\_ matriculated in \_\_\_\_\_

at \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ and was granted a

\_\_\_\_\_ on \_\_\_\_\_.  
(Type of Degree) (Date)

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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 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