



Acupuncture Clinical Practice Affidavit

Revised 9/2017

This form is required only for acupuncture applicants who did not graduate from an accredited, candidate, or approved equivalent program and are applying for licensure based on their previous licensed practice. This route to licensure requires the applicant to provide affidavits from two individuals who have personal knowledge of the years of practice and the number of patient visits per year. Such individuals to be office partners, clinic supervisors, accountants or others approved by the Board.

The individual verifying the applicant's clinical practice must complete this form

Full Name	Occupation
Complete Address: <input type="checkbox"/> Home <input type="checkbox"/> Business	Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Business
Name of acupuncture applicant whose clinical practice you are verifying:	
Describe your relationship to the applicant with regards to his/her acupuncture practice:	

Affidavit of Clinical Practice

I, _____, in my capacity as _____, hereby attest that I
(Name of person verifying clinical practice) (Relationship to applying acupuncturist)
 have personal knowledge that _____ has actively practiced as a
(Name of acupuncturist whose clinical practice you are verifying)
licensed acupuncturist in the state(s) of _____, for a period of at
 least five years. Those years being _____, and has provided a minimum of 500 patient
(Years)
 treatments per each year during these five years.

Print Your Name

Title

Sign Your Name in the Presence of a Notary

Date

This portion to be completed by notary

<i>Notary Seal or Imprint</i>	Subscribed and sworn to before me on _____
	Notary Signature _____
	Notary Public for _____ Commission Expires _____

IMPORTANT: This form must be sent directly from the individual verifying clinical practice to OMB.