STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
ACUPUNCTURE LICENSURE

REQUEST FOR VERIFICATION OF CLEAN NEEDLE TECHNIQUE COURSE

Applicant: Complete section 1 below and submit it, along with the required $15 fee to:

Council of Colleges of Acupuncture and Oriental Medicine
600 Wyndhurst Avenue, Suite 112
Baltimore, MD 21210
Phone: (410) 464-6040
ccaomcnt@comcast.net

SECTION 1. (PRINT CLEARLY)

Name: _____
Last First Middle Maiden

Address: _____
No. & Street City State Zip code

Telephone no.: _____

Year practical course was completed: _____

City in which course was taken: _____

I AUTHORIZE THE COUNCIL OF COLLEGES OF ACUPUNCTURE AND ORIENTAL MEDICINE TO RELEASE TO THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH ALL INFORMATION REQUESTED BELOW.

_____ _____
Signature Date

TO BE COMPLETED BY CCAOM

SECTION 2.

Attention CCOAM: Please complete section 2 of this form and return the entire form to:

DEPARTMENT OF PUBLIC HEALTH
ACUPUNCTURE LICENSURE
410 CAPITOL AVE., MS# 12APP
P.O. BOX 340308
HARTFORD, CT 06134-0308

DID THE INDIVIDUAL LISTED ABOVE SUCCESSFULLY COMPLETE THE CLEAN NEEDLE TECHNIQUE COURSE OFFERED BY THE CCAOM? **YES** ☐ **NO** ☐

DATE COURSE WAS COMPLETED _____

SEAL

_____ _____
SIGNATURE DATE