STATE OF CONNECTICUT-DEPARTMENT OF PUBLIC HEALTH
ACUPUNCTURE LICENSURE

VERIFICATION OF COURSE OF STUDY

APPLICANT: PLEASE COMPLETE THE TOP PORTION OF THIS FORM AND FORWARD TO THE EDUCATIONAL INSTITUTION FOR OFFICIAL VERIFICATION OF COMPLETION OF A COURSE OF STUDY IN ACUPUNCTURE.

Name: _____
Last First Middle Maiden

Date of Birth: _____/_____/_____ Social Security No.: _____-_____-_____

I hereby authorize the _____ to furnish the Connecticut Department of Public Health the information requested below.

Signature _____ Date: _____

TO BE COMPLETED BY EDUCATIONAL INSTITUTION ONLY

The applicant listed above is applying for acupuncture licensure in Connecticut. Please provide the following information regarding the course of study that such individual completed at your institution.

Name & Address of Institution: _____

Did this individual satisfactorily complete a course of study in acupuncture at your institution? YES ☐ NO☐

At the time of his/her graduation, was the completed program in candidate status with or accredited by the National Accreditation Commission for Schools and Colleges of Acupuncture and Oriental Medicine? YES ☐ NO☐

How many total hours of training did this individual satisfactorily complete within such course of study? _____
Of these, how many hours were strictly clinical in nature? _____

Where was such instruction completed? _____

Dates of individual's attendance: from _____to _____

Signature of authorized representative_____ Date: _____

_____ _____
Title Telephone number

Thank you for your prompt attention to this matter. Please return this form directly to:

DEPARTMENT OF PUBLIC HEALTH
ACUPUNCTURE LICENSURE
410 CAPITOL AVE., MS# 12APP
P.O. BOX 340308
HARTFORD, CT 06134-0308
(860) 509-7603