

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

National Certification Commission  
for Acupuncture and Oriental Medicine



76 South Laura Street,  
Suite 1290  
Jacksonville, FL 32202  
USA

APPLICATION FOR NCCAOM VOLUNTEER BOARD/COMMITTEE

Page 1 of 4

NCCAOM offers equal opportunities to all applicants. It is committed to equitable and fair selection procedures, without regard to race, sex, age, color, religion, disability, national origin, ancestry, marital or familial status, sexual orientation, or any other category protected by federal law, the laws of the Commonwealth of Virginia, the City of Alexandria Human Rights Ordinance, or other applicable laws and regulations. No question on this application is intended to secure information to be used for any discriminatory purpose. Your application will be given every consideration but its completion does not imply that you will be appointed by NCCAOM.

Name \_\_\_\_\_  
Last First Middle

Present address \_\_\_\_\_  
Number Street City State Zip Code

E-mail address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ (home) ( ) \_\_\_\_\_ (work) ( ) \_\_\_\_\_ (cell)

Position(s) you are interested in:

Are you a U.S. citizen or a legal alien?

No  Yes if no, include A#: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Have you previously volunteered for NCCAOM?  Yes (please state)  No

Have you previously volunteered for another organization?  Yes (please state)  No

Have you previously served on a non-profit board?  Yes (please state)  No

Do you speak any languages other than English?  Yes (please state)  No

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (CITY & STATE)	# of YEARS COMPLETED	DEGREE and YEAR AWARDED
College				
Graduate/ professional school				

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WORK EXPERIENCE

Please list your work experience beginning with your most recent job.

May we contact your present employer?

Yes

No

Have you ever been discharged or asked to resign from a volunteer position?

Yes

No

Employer name and address:

Name of supervisor

Dates of  
employment

Occupation

From  
To

Phone number

Email

Employer name and address:

Name of supervisor

Dates of  
employment

Occupation

From  
To

Phone number

Email

Employer name and address:

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CONVICTIONS

During the past 10 years, have you ever been convicted of a crime other than a minor traffic offense?

Yes       No

A conviction will not automatically disqualify you for a volunteer position with NCCAOM.

If "yes," explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

PROFESSIONAL REFERENCES

Please list three professional references:

Name _____	Name _____	Name _____
Occupation _____	Occupation _____	Occupation _____
Address _____	Address _____	Address _____
_____	_____	_____
Phone ( ) _____	Phone ( ) _____	Phone ( ) _____

PERSONAL REFERENCES

Please list two personal references other than relatives, members of your household, or previous employers:

Name _____	Name _____
Occupation _____	Occupation _____
Address _____	Address _____
_____	_____
Phone ( ) _____	Phone ( ) _____

CERTIFICATION, LICENSURE and PROFESSIONAL MEMBERSHIPS

Diplomate in:     Oriental Medicine     Acupuncture     Chinese herbology     Asian bodywork therapy

Professional Licenses:

Professional Memberships:

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<b>HONORS and AWARDS</b>		
<b>SPECIAL SKILLS and INTERESTS</b>		
<input type="checkbox"/> Finance <input type="checkbox"/> Governance <input type="checkbox"/> Examinations <input type="checkbox"/> Marketing <input type="checkbox"/> Communications <input type="checkbox"/> Ethics <input type="checkbox"/> Leadership <input type="checkbox"/> Other (please state):		
<b>PERSONAL STATEMENT</b> Limit to 200 words. Please include your interest in serving on NCCAOM Board or Committee		
<b>ADDITIONAL INFORMATION YOU WOULD LIKE NCCAOM TO CONSIDER</b>		
An application form sometimes makes it difficult for an individual to adequately summarize his or her complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.		
<b>APPLICANT'S CERTIFICATION AND RELEASE</b>		
I hereby certify that all the information and facts that I provided on this application or any other document submitted in connection with my application and in any interview are true and correct. I hereby release NCCAOM from any and all liability of whatever kind and nature that, at any time, could result from its verification of the information given by me on this application and any decision made by NCCAOM on the basis of such information. I understand that if NCCAOM appoints me to a volunteer position and I accept, I will fully adhere to the policies, rules, and regulations of NCCAOM.		

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**Please attach your resume with this application.**

\*\*\*Thank you for your interest in NCCAOM and for completing this application form.\*\*\*