



**ADDITIONAL CERTIFICATION ORDER FORM**  
**FOR ORIENTAL MEDICINE DIPLOMATES**

Last Name:		First Name:	MI:
Address:			
City:	State:	Zip:	
Country:		Social Security Number (last four digits only):	
Phone:		Email:	
Diplomate ID #:			

**Additional Certification Fees**

<input type="checkbox"/> Acupuncture .....	<b>\$100</b>
<input type="checkbox"/> Chinese Herbology .....	<b>\$100</b>
<input type="checkbox"/> Asian Bodywork Therapy* .....	<b>\$100</b>
<i>*(ABT Certificates are only available to those Diplomates who have previously been certified in ABT)</i>	
<b>Total Payment</b> _____	

Payment Type (check one): <input type="checkbox"/> Check/Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Make check/money order payable to : <b>NCCAOM</b>	
Credit Card#:	Expiration Date: (mm/yy)
Name on Credit Card:	
Signature of Cardholder:	

**RETURN THIS FORM WITH PAYMENT TO:**

**NCCAOM**  
**76 SOUTH LAURA STREET, SUITE 1290**  
**JACKSONVILLE, FL 32202**  
**904-598-1005**

**YOU MAY FAX THIS FORM WITH YOUR CREDIT CARD INFORMATION TO:**  
**904-598-5001**