



PRE-GRADUATION VERIFICATION FORM

Oriental Medicine/Acupuncture/Chinese Herbology

Public Protection Through Quality Credentials

School/Institute: _____

Contact Person: _____

Phone Number: _____ Email: _____

Time Zone: (circle one) Eastern Central Mountain Pacific Hawaii

Name of Student: _____
Last First Middle

Date of Birth: _____

Enrollment Date (mm/dd/yy): _____

Expected Graduation Date* (mm/dd/yy): _____

ACADEMIC HOURS

Please report the total number of *hours completed* as of the date this form is submitted.

(a) Total Completed Hours	(b) Didactic Hours	(c) Clinical Hours	(d) The clinical hours in column (c) include Chinese Herbology
			Yes <input type="checkbox"/> No <input type="checkbox"/>

This student is authorized to take the following examination(s):

- Acupuncture Modules - FOM, BIO and AcPL
- Chinese Herbology*

*I the undersigned attest that the student for whom I have submitted authorization for the Chinese Herbology certification examination will graduate with a Master's level degree/diploma/certificate in Oriental Medicine as defined by ACAOM.

Authorized Signature

Title

OFFICIAL SEAL
(Required)

Date