



National Certification Commission  
for Acupuncture and Oriental Medicine



***NCCAOM<sup>®</sup> PDA Application:***

# PDA COURSE SPOTLIGHT



***National Standards of Continued Competence  
In Acupuncture and Oriental Medicine***

**NCCAOM<sup>®</sup>**

PDA Department  
76 S. Laura Street, Suite 1290  
Jacksonville, FL 32202  
904-598-1005  
[www.nccaom.org](http://www.nccaom.org)

June 2013



## NCCAOM® PDA COURSE SPOTLIGHT Application

The NCCAOM® provides assistance to PDA providers in advertising their continuing education course by distributing the PDA COURSE SPOTLIGHT to 18,000 active NCCAOM Diplomates. The Provider's course information must be approved by the NCCAOM's PDA Department and payment made in full prior to inclusion in the PDA COURSE SPOTLIGHT distribution.

The NCCAOM will distribute PDA approved course information to all active status NCCAOM Diplomates. PDA providers may submit this application and payment to [pdaCOURSESPOTLIGHT@thenccaom.org](mailto:pdaCOURSESPOTLIGHT@thenccaom.org). The course information will be reviewed by the PDA Department for approval. Once approved, the course information will be entered into the PDA COURSE SPOTLIGHT format and distributed at the next scheduled distribution date. All PDA providers who purchase promotional service through the PDA COURSE SPOTLIGHT must agree to the following terms and conditions:

1. NCCAOM shall offer PDA providers promotional services via the PDA COURSE SPOTLIGHT, issued to all NCCAOM Diplomates on a monthly basis.
2. Advertising in the PDA COURSE SPOTLIGHT is available to active status NCCAOM PDA providers for approved courses.
3. PDA COURSE SPOTLIGHT courses will be listed in the order in which the applications are received. A maximum of ten (10) featured courses are available per issue.
4. The PDA provider shall email the *NCCAOM® PDA Application*: PDA COURSE SPOTLIGHT and payment to the PDA Department at [pdaCOURSESPOTLIGHT@thenccaom.org](mailto:pdaCOURSESPOTLIGHT@thenccaom.org).
5. A PDA COURSE SPOTLIGHT application must be received at least five (5) business days prior to the scheduled monthly distribution.
6. The PDA Department will confirm the order with the NCCAOM PDA provider and process the advertising payment.
7. The course(s) will be listed to the appropriate monthly edition of the PDA COURSE SPOTLIGHT and the NCCAOM PDA provider notified.



## NCCAOM PDA Application: **PDA COURSE SPOTLIGHT**

E-mail this application to [pdaCourseSpotlight@thenccaom.org](mailto:pdaCourseSpotlight@thenccaom.org)

PDA Provider Name: \_\_\_\_\_

Responsible Party: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

➤ <b>1<sup>st</sup> Course</b>	PDA Provider #	Approved Course #	Total PDA Points	Spotlight Issue (Month)	Advertising Rate
					\$600
Course Title:					
Web Address:					
* Provide Begin Date, End Date, City, State and Country for live presentations ONLY.					
*Begin Date:		*End Date:			
*City:		*State:		*Country:	

➤ <b>2<sup>nd</sup> Course</b>	PDA Provider #	Approved Course #	Total PDA Points	Spotlight Issue (Month)	Advertising Rate
					\$500
Course Title:					
Web Address:					
* Provide Begin Date, End Date, City, State and Country for live presentations ONLY.					
*Begin Date:		*End Date:			
*City:		*State:		*Country:	

➤ <b>3<sup>rd</sup> Course</b>	PDA Provider #	Approved Course #	Total PDA Points	Spotlight Issue (Month)	Advertising Rate
					\$500
Course Title:					
Web Address:					
* Provide Begin Date, End Date, City, State and Country for live presentations ONLY.					
*Begin Date:		*End Date:			
*City:		*State:		*Country:	

<b>Advertising Total :</b>	\$
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Check      Money Order      MasterCard      Visa

Card number:

Card holder name:

Expiration date:

Zip code of billing address:

The promotional payment is paid for featured course inclusion in the **PDA COURSE SPOTLIGHT** to be distributed to NCCAOM Diplomates.

\*\*\*\*\* For NCCAOM Use Only \*\*\*\*\*

Provider #: \_\_\_\_\_ Application Received: \_\_\_\_\_ Schedule Ad(s) for Month(s) of: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Payment to Accounting: \_\_\_\_\_ Accounting Received Payment: \_\_\_\_\_ Batch #: \_\_\_\_\_

Notes: