

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

National Certification Commission
for Acupuncture and Oriental
Medicine



76 SOUTH LAURA STREET
SUITE 1290
JACKSONVILLE, FLORIDA 32202
USA

APPLICATION FOR NCCAOM® COMMITTEE VOLUNTEER
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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 State of Florida, the City of Jacksonville 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 _____

Preferred Contact Phone Number _____ (H) (W) (C)

Secondary Contact Phone Number _____ H) (W) (C)

Position(s) you are interested in _____

Have you previously volunteered for NCCAOM? (If yes, please state the year and position requested) _____

Have you previously served on a non-profit board? (If yes, please state the organization and position held) _____

Do you speak any languages other than English? (If yes, please indicate languages spoken) _____

PERSONAL STATEMENT

Limit to 200 words. Please include your interest in serving on NCCAOM Board or Committee

SPECIAL SKILLS AND INTERESTS

- Finance Research Ethics Exam Development Eligibility Recertification
- Other (please state)

NCCAOM Volunteer Application
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CERTIFICATIONS, LICENSURE, AND PROFESSIONAL MEMBERSHIPS

Diplomate of: **Oriental Medicine** **Acupuncture** **Chinese Herbology** **Asian Bodywork Therapy**

Professional Licenses:

Professional Memberships:

APPLICANT'S CERTIFICATION AND RELEASE

I hereby certify that all the information and facts that I have 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 OR CURRICULUM VITAE WITH THIS APPLICATION

Thank you for your interest in serving NCCAOM