



National Certification Commission  
for Acupuncture and Oriental Medicine



***NCCAOM® PDA Application:***

## **COURSE RENEWAL**



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

**NCCAOM®**

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

February 2017



## PDA COURSE RENEWAL APPLICATION

### Section 1. NCCAOM PDA Provider Information

Provider #: \_\_\_\_\_ Provider Name: \_\_\_\_\_

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

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

### Section 2. Course Renewal Attestation

I attest that the NCCAOM PDA Program(s) listed in **Section 3** of this application have not changed and remain the same in title, content and duration of time.

The information provided on this renewal application is accurate, true, and correct in all respects. As an NCCAOM PDA Provider, I agree to comply with the highest ethical standards and all applicable laws to ensure accurate and truthful continuing education presentations and documentation. I agree to abide by the PDA Provider duties and responsibilities and all applicable NCCAOM policies and procedures as outlined in the *NCCAOM<sup>®</sup> Professional Development Activity (PDA) Provider and Department Agreement*, the *NCCAOM<sup>®</sup> PDA Product and Service Disclaimer*, and the *NCCAOM<sup>®</sup> Code of Ethics*. I understand that I am responsible for the content of the program advertisement and I assure adherence to ethical standards in advertising the continuing education program truthfully and to avoid misleading the public.

I understand the PDA Department will e-mail the Provider an *NCCAOM<sup>®</sup> PDA Certificate* for each approved course. It is the Provider's responsibility to complete the required information and distribute certificates to participants.

A Digital Signature is NOT required. Just type the name of the responsible party.

Responsible Party: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



### Section 3. Course Renewals

List the course number and title of renewing courses below. To advertise live presentations on the PDA Search Engine, complete the date and location section. Date and location are not applicable for distance learning or online programs.

Provider #:				
Course #:		Title:		
Begin Date	End Date	City	State	Country
Course #:		Title:		
Begin Date	End Date	City	State	Country
Course #:		Title:		
Begin Date	End Date	City	State	Country
Course #:		Title:		
Begin Date	End Date	City	State	Country
Course #:		Title:		
Begin Date	End Date	City	State	Country
Course #:		Title:		
Begin Date	End Date	City	State	Country
Course #:		Title:		
Begin Date	End Date	City	State	Country
Course #:		Title:		
Begin Date	End Date	City	State	Country



Provider #:
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Course #:		Title:		
Begin Date	End Date	City	State	Country

Course #:		Title:		
Begin Date	End Date	City	State	Country

Course #:		Title:		
Begin Date	End Date	City	State	Country

Course #:		Title:		
Begin Date	End Date	City	State	Country

Course #:		Title:		
Begin Date	End Date	City	State	Country

Course #:		Title:		
Begin Date	End Date	City	State	Country

Course #:		Title:		
Begin Date	End Date	City	State	Country

Course #:		Title:		
Begin Date	End Date	City	State	Country



Provider #:
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Course #:		Title:		
Begin Date	End Date	City	State	Country

Course #:		Title:		
Begin Date	End Date	City	State	Country

Course #:		Title:		
Begin Date	End Date	City	State	Country

Course #:		Title:		
Begin Date	End Date	City	State	Country

Course #:		Title:		
Begin Date	End Date	City	State	Country

Course #:		Title:		
Begin Date	End Date	City	State	Country

Course #:		Title:		
Begin Date	End Date	City	State	Country

Course #:		Title:		
Begin Date	End Date	City	State	Country



**Section 4. Payment**

Presentation Type	Fee Per Course	Number of Courses	Subtotal
One-Day Live Presentation/Webinar	\$ 100 each	x _____	= _____
Multiple-Day Live Presentation	\$ 200 each	x _____	= _____
Distance Learning/Online	\$ 150 each	x _____	= _____
Overseas Tour	\$ 300 each	x _____	= _____
Conference or Symposium	\$ 300 each	x _____	= _____
Expedited Review (optional)	\$ 150 each	x _____	= _____

Bulk Rates
\$ 400 6 to 15 courses
\$ 550 16 to 29 courses
\$ 700 30 to 40 courses

Number of Courses: \_\_\_\_\_

Total Payment: \$ \_\_\_\_\_

**Payment Method**

Card number:

Card holder name:

Expiration date:

Zip code of billing address:

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

Renewal Application Received:

Expedite

Provider #:

Provider Name:

Responsible Party:

Email:

Contact Person:

Email:

Payment to Accounting:

Accounting Received Payment:

Batch #:

Notes: