

FORM B

CERTIFICATION OF EDUCATION FOR AURICULAR DETOXIFICATION

INSTRUCTIONS: Please request your graduating school to submit the required information and mail the completed form to the Board at the address listed below.

It is hereby certified that _____
(Student's Name)

of _____ matriculated in _____

at _____ from _____ to _____ and was granted a

_____ on _____.
(Type of Degree) (Date)



Name of Dean, Registrar or Director

Name

Date

Notary or School Seal is Required:

Sworn to and subscribed before me this _____ day of _____, 20_____

Notary Public

My commissions expires _____.

Please mail your completed form to:

**Composite State Board of Medical Examiners
ATTN: AURICULAR DETOXIFICATION
2 Peachtree Street, NW - 36th Floor
Atlanta, Georgia 30303**