

FORM C
CERTIFICATION OF EDUCATION FOR ACUPUNCTURE

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: ACUPUNCTURIST LICENSURE
2 Peachtree Street, NW - 36th Floor
Atlanta, Georgia 30303