



Exam Results and Certification Verification Form (as required for State Licensure Application)

National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)
Please submit this for to have NCCAOM forward your exam results and/or certification verification to your State Licensing Board.

- NCCAOM processes requests once all state required information is completed. Please check the state requirements on NCCAOM's website under Site Map.
- It is your responsibility to contact your state for information on current licensure requirements, including the requirements for a CNT Certificate.
- The processing fee covers all required exams and/or certification verification sent to one state/agency.
- Standard processing time is 7-10 business days.
- NCCAOM will hold your request for 6 months. If you have not met the state requirements within this time frame your request will be shredded and you must resubmit this form.

Personal Information

Name:		Candidate ID (Optional):	
Address:			
City:	State:	Zip:	
Phone:		Fax:	
Email (Required):			Birth Date:

Please send this report to:

State/Agency Name (Required):		
Address:		
City:	State:	Zip:

Fee Schedule

<input type="checkbox"/>	Current Candidate for Certification A candidate for certification is an individual who has applied for certification in the last 4 years but has yet not been certified.	\$35
<input type="checkbox"/>	Certified Diplomate A certified Diplomate is an individual who holds active status with NCCAOM.	\$35
<input type="checkbox"/>	Inactive Diplomate An inactive Diplomate is an individual who has applied for and currently holds inactive status.	\$75
<input type="checkbox"/>	Lapsed Diplomate A lapsed Diplomate is an individual whose NCCAOM certification has been expired for less than 8 years.	\$100
<input type="checkbox"/>	Non Diplomate A non Diplomate is: (1) an individual who has taken NCCAOM examinations administered through a state licensing board for the purposes of licensure but has never applied for NCCAOM certification (2) an individual whose NCCAOM certification has been expired for 8 years or more or (3) an individual whose application for certification has expired.	\$150

Payment Information

Payment Type(Check One):		
<input type="checkbox"/> Check or Money Order	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA
*Make check/money order payable to NCCAOM.		
Credit Card Number:		Expiration Date:
Card Holders Name:		Billing Zip Code:
Card Holders Signature:		

Submit this form with payment to:	NCCAOM 76 South Laura Street, Suite 1290 Jacksonville, FL 32202 IF PAYING WITH CREDIT CARD, YOU MAY FAX THIS FORM TO (904) 598-5001
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