



AMERICAN BOARD *of* MEDICAL ACUPUNCTURE

OPTIMA ULTRIUSQUE ARTIS MEDICINAE • FOUNDED IN 2000

AFFIDAVIT

I, _____
Please print your full name.

hereby affirm that I have practiced a minimum of two years in clinical medical acupuncture since completion of my formal, basic medical acupuncture training (a 200 hour training program).

I further affirm that I have completed at least 500 medical acupuncture treatments. My medical acupuncture practice involves more than one of the following acupuncture paradigms including, but not limited to, energetic acupuncture, neuroanatomic acupuncture, 5 Elements, TCM, Auricular, Scalp, Hand, etc.

I understand that submission of a false or inaccurate affidavit, including an affidavit that is submitted before two years following the completion of my basic acupuncture training program is sufficient cause for the ABMA Board of Trustees to suspend consideration of an application for up to one year.

Signature _____

Date _____