



AMERICAN BOARD *of* MEDICAL ACUPUNCTURE

OPTIMA ULTRISQUE ARTIS MEDICINAE • FOUNDED IN 2000

AFFIDAVIT

I, _____

Please print your full name.

hereby affirm that I have accumulated 150 hours or more of continuing education credits in medical acupuncture related topics in the ten year period since I received my Board Certification from the American Board of Medical Acupuncture.

I further affirm that I can provide documentation of the acupuncture related meetings and conferences attended over the ten year period, if requested to do so.

Signature _____

Date _____