

Board Review Intense Training Class Application Form—Page 1

Send the completed application and payment (check) to:

Dongcheng Li

9235 Lagoon Pl. #410, Davie, FL 33324

Phone: 954-647-5531

Email: ldcljd@gmail.com

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY; INCOMPLETE OR ILLEGIBLE

APPLICATIONS WILL BE RETURNED

APPLICANT INFORMATION

Name, as it should appear on your certificate (if applicable): _____

Phone: _____ **Email address:** _____

Mailing Address: _____

PAYMENT INFORMATION

(IMPORTANT: For your protection, if you send your application as an email attachment, we recommend that you do NOT fill in the credit card information on the application form, but send check to us instead. We are not secured for internet credit card transactions. You can also call us providing your Credit Card Information.)

Credit Card Information: _____

Card number

expiration date

Security code

Courses Name	Price	Date and time

Please choose the area where you prefer to take the class so we can arrange the classroom in that way.

Broward County Area Palm Beach County Area Miami County Area Distance

ELIGIBILITY REQUIREMENTS

1. GRADUATE OF AN ACUPUNCTURE AND/OR ORIENTAL MEDICINE PROGRAM OR SCHOOL.

Which school and when did you graduate? _____

OR....

2. APPLICANT FOR THE NCCAOM EXAMINATION

Have you have received NCCAOM Approval-To-Test (ATT) letter? Yes No

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Applicant Name (please print neatly): _____

ASSUMPTION OF RISK, RELEASE AND WAIVER

I, _____ swear or affirm that the information I have provided is to the best of my knowledge true and accurate. I understand that the successful completion of the Board Review Intense Training Class does not guarantee that I must successfully pass NCCAOM board exam. I understand that this class is only for me and I am not allowed to share my class materials and recording (if applicable) to other people.

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY

Date Received _____ Amount Received _____ Check Number _____ C.C. Auth. # _____