

Brian Sandoval, Governor



Maggie Tracey, O.M.D., *President*  
Lisa Mathews, O.M.D., *Secretary/Treasurer*  
Abraham Jim Nagy, M.D., *Member*  
Michael Ferris, O.M.D., *Member*  
Chia Hua Linda Chow, O.M.D., *Member*  
Michael Smith, *Member*  
Merle Lok, *Executive Director*

**NEVADA STATE BOARD OF ORIENTAL MEDICINE  
APPLICATION FOR CREDIT APPROVAL OF CONTINUING EDUCATION  
Pursuant to NAC 634A.137**

**Please mail to: Board of Oriental Medicine, 3191 E. Warm Springs Rd., Las Vegas, NV 89120**

Name of Applicant or Entity: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I. Location and Address of the continuing education program: \_\_\_\_\_

II. Please fill out below:

| Name of Instructor(s) | Degree of Instructor(s) | Date | Time: |    | CE Hours | Title of Course |
|-----------------------|-------------------------|------|-------|----|----------|-----------------|
|                       |                         |      | From  | To |          |                 |
|                       |                         |      |       |    |          |                 |

III. One application per course must be submitted for review and approval.

IV. Supporting documentation must include: all material relating to the course, including, without limitation, written material to be provided to a licensee attending the course; and

V. The fee required pursuant to NAC 634A.165 of \$100 (per course).

VI. The Board recommends including also a syllabus for the course in addition to a curriculum vitae for the instructor(s).

VII. If the Board approves a course of continuing education pursuant to NAC 634A.137, the Board will determine the number of hours of continuing education that a licensee may receive for attending the course.

I swear that the above statement is nothing but true.

Signature of the Applicant or Representative of Entity: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

