

Joe Lombardo, Governor



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**STATE OF NEVADA  
BOARD OF ORIENTAL MEDICINE**

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**APPLICATION FOR ORIENTAL MEDICINE SCHOOL ANNUAL CURRICULUM  
APPROVAL**

Name of Oriental Medicine School: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Please submit \$1000 pursuant to NAC 634A.165 for the curriculum review fee by February 1 and the following documentation from Category A or B:

A. Curriculum documentation for your Oriental Medicine School;

**OR**

B. Approval and/or Licensing Certificates for your Oriental Medicine School from:

1. The Accreditation Commission for Acupuncture and Herbal Medicine (“ACAHM”), formerly known as ACAOM, or a national oriental medicine school accreditation body; and
2. The Nevada Post-Secondary Education Department.

I hereby certify that the information provided is accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_