

Steve Sisolak, Governor



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**NEVADA STATE BOARD OF ORIENTAL MEDICINE  
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 Oriental Medicine (“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: \_\_\_\_\_

Updated: February 2019