

STATE OF NEVADA

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DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
NEVADA STATE BOARD OF ORIENTAL MEDICINE

NEVADA STATE BOARD OF ORIENTAL MEDICINE
APPLICATION FOR TEMPORARY TEACHING CERTIFICATE
APPROVAL

Pursuant to NRS 634A.165

- One application per course must be submitted for review and approval.
- The Board requires a syllabus, a curriculum vitae for the instructor(s), and the NCCAOM course approval # and category # if applicable.
- Please return by email to: omboardexecutivedirector@gmail.com or mail to: Board of Oriental Medicine, 3431 E. Sunset Rd., #C21, Las Vegas, NV 89120

1. Name of Applicant or Entity: _____

2. Address: _____

3. Phone number: _____

4. Email: _____

5. Title of Course: + _____

6. Date(s) and Starting and Ending Time(s) of the education program:

7. Location/Address of the education program: _____

8. Name of Instructor(s), educational degree(s), name of professional license(s), state/country which issued the professional license(s), and professional license number:

9. Please state whether the instructor(s) has liability insurance for Nevada during the program. Yes _____ No _____. If yes, please attach proof of liability insurance.

10. Course approved by: NCCAOM. Yes _____ No _____
Course approved by other entity/entities: _____

11. Is the course offered for any CEU credit? yes _____ no _____

12. How many hours is the education program? _____

13. Who is the target audience for the education program? _____

14. How much is the fee charged for this educational program? _____

15. Please provide a detailed explanation of any live acupuncture demonstrations and/or any other demonstrations involved.

I declare that the above statements are true and accurate.

Signature of the Applicant/Representative of the Entity: _____

Print Name: _____

Date: _____