

Brian Sandoval, Governor



Farolyn McSweeney, O.M.D., President
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STATE OF NEVADA BOARD OF ORIENTAL MEDICINE
APPLICATION FOR CREDIT APPROVAL OF CONTINUING EDUCATION
Pursuant to NAC 634A.137

Name of Applicant or Entity: Maureen McKenney
Address: 6135 Lakeside Drive suite 119, Reno NV
Phone Number: (775) 825-1912 Email: pathtowellness@hotmail.com 89511

I. Location & Address of the continuing education program: 605 Mission Street,
Suite 410, San Francisco, CA 94105

II. Please fill out below

Name of Instructor(s)	Degree of Instructor(s)	Date	Time From	To	CE Hours	Subject or Topic
AVI Magidoff	L.A.C.	4/7/13	April 6th	April 7th	15	Japanese Acu. Techniques

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 license may receive for attending the course.

I swear that the above statement is nothing but true.

Signature of Applicant or Representative of Entity: _____

Date: 6-18-13

Name: Maureen McKenney



Acupuncturists Support Group

133 Pearson Street
Portsmouth, NH 03801

Tel: 603-531-3130
www.acupuncturemedical.org

CERTIFICATE OF COMPLETION

This Certifies That

Mo Mckenney

License number Nevada 1013

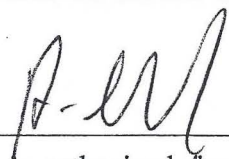
Has Attended the Following Seminar

Japanese Acupuncture Techniques

April 6-7, 2013

In San Francisco, CA

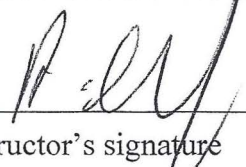
And has successfully completed 15 hours of Approved
Continuing Education


Provider's authorised signature

04/07/13

date

provider number ACP-010


Instructor's signature

04/07/13

date