

Remove your new Pocket License  
from the receipt portion and carry with  
you at all times.

Acupuncture Board  
1625 North Market Blvd., Suite N-219  
Sacramento, CA 95834  
916 515-5200

12/12/22  
12/12/22

CUT HERE



Acupuncture Board  
1625 North Market Blvd., Suite N-219  
Sacramento, CA 95834  
916 515 - 5200



CUT HERE

**I M P O R T A N T**

1. Please include your License Number on any correspondence to this office.
2. Notify the Board of any name or address change in writing.
3. Report any loss immediately in writing to the Board.
4. Please sign and carry the Pocket License with you.

**California Licensed Acupuncturist**

LICENSE NO. AC 9376

EXPIRATION 01/31/25

ISSUE DATE 10/29/03

**KRISTIN MARIE FIELD**

**185 CEDAR LANE**

**NV**

**RENO NV 89521**

Signature \_\_\_\_\_

RECEIPT NO.

23462032

LICENSE NO.

**KRISTIN MARIE FIELD**

EXPIRATION DATE

RECEIPT NO.

AC 9376

01/31/25

23462032

**This is your receipt. Please save for your records.**

PACAC 10/01/22

*MOST CURRENT CALIF LAC LICENSE*

**NEVADA BOARD OF HOMEOPATHIC MEDICAL EXAMINERS  
VERIFICATION OF STATE LICENSURE**

**PART 1 – TO BE COMPLETED BY APPLICANT**

**PRINTED NAME OF APPLICANT:** *Kristen Marie Field*

**Address:** 185Cedar Lane, Reno, NV, 89521

**Date of Birth:** 01/29/1960

**PART 2 – TO BE COMPLETED BY LICENSING AGENCY**

**Name of Certificate holder:**

Field	Kristen	Marie	Last
<hr/>			
<b>First</b>	<b>Middle</b>		

**Issuing State Board:** \_NV Board of Homeopathic Medical Examiners

**Certificate Number:** A0309

**Issue Date:** August 2004      **Expiration Date:** December 2023

License was issued on the basis of exam.

**I CERTIFY THAT the above license is:**

Current, in good standing

Not current, due to non-payment of fees

Subject to pending disciplinary charges.

Subject to restriction of licensure or practice

Other Note: Please attach any pertinent disciplinary documentation, if applicable.

**I CERTIFY THAT to the best of my knowledge and belief the foregoing is a true, accurate, and complete statement of the record of the individual named on this form.**

**Signature of certifying individual:** *Charles Green*      **Print name:** Charles Green

**Title:** Secretary/Treasurer    **Date:** 5/5/2023    **Email:** [cgreen@NVBHME.org](mailto:cgreen@NVBHME.org) Completed form or state license verification is to be mailed by the verifying institution directly to: Nevada Board of Homeopathic Medical Examiners 1301 Cordone Ave, Reno, NV 89521 State Licensing Board: If you have questions, you may contact the Nevada Board at (775) 324-3353.

