

## 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: <u>omboardexecutivedirector@gmail.com</u> or mail to: Board of Oriental Medicine, 3191 E. Warm Springs Rd., Las Vegas, NV 89120

1. Name of Applicant or Entity: Dharti Patel	
2. Address: 7950 E. Camelback Rd #311 Scottsdale AZ 85	251
3. Phone number: 845-480-4805	
4. Email: dhartidmd@gmail.com	- H
5. Title of Course: Basics of Acupuncy of for the oral mediane practition	ver: 18
6. Location, Address, and Time of the education program: Himerican Hide of the 34 Old I	_ w
Medicine Annual Miching Las Vegas, NV May 12-17 2025	_
<ol><li>Name of Instructor(s), educational degree(s), name of professional license(s),</li></ol>	
state/country which issued the professional license(s), and professional license	
number: Dhack Patel DMD ND MSOM DACHM	_
Dental livence 47 9085	_
Nation pathic medical License AZ 19-1970	_
8. Course approved by: NCCAOM yes no	
Other entity/entities:	_
9. Is the course offered for any CEU credit? yes no	
10. How many hours is the education program? 2-5 hours (to be determined)	
11 Who is the targeted audience for the education program? DCN 5573	_
12. Please provide a detailed explanation of any live acupuncture demontrations and/or any	
ather demonstrations involved	
There will be Demo of Acupuncture on Silicone ear mod	<u>e</u> 15
for hands on practice.	_
10. Maries ou practice.	
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A dealers that the above at a construction and accounts	
I declare that the above statements are true and accurate.	
Signature of the Applicant or Representative of Entity:	-
Name: Dhart Patel Date: 8 26/24	_