

Joe Lombardo, Governor



**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, 3191 E. Warm Springs Rd., Las Vegas, NV 89120

1. Name of Applicant or Entity: Gabriel Gwerdo

2. Address: 722 Normal Ave Ashland, OR

3. Phone number: (510) 290-4456

4. Email: gabrielgwerdo@gmail.com

5. Title of Course: Acupuncture and Herbalism @ River Valley Treat. Conference

6. Location, Address, and Time of the education program: Great Basin College, 1500 College Way, Elko, NV 89801, Sat 9/12, 2-4 Sun 9/13-12, 11-5

7. Name of Instructor(s), educational degree(s), name of professional license(s), state/country which issued the professional license(s), and professional license number: Gabriel Gwerdo, MSOM, Lic Ac, OR, United States, AC 201601

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? 12 hours

11. Who is the targeted audience for the education program? general public: attendees of conference

12. Please provide a detailed explanation of any live acupuncture demonstrations and/or any other demonstrations involved.
Attendees of the conference will be instructed in wellness practices from an East Asian Classical medicine point of view and will be offered simple acupuncture treatments in a community setting. Participants will not be charged for acupuncture sessions.

I declare that the above statements are true and accurate.

Signature of the Applicant or Representative of Entity: Gabriel Gwerdo

Name: Gabriel Gwerdo Date: 8/29/24