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: Dharti Patel
2. Address: [redacted]
3. Phone number: [redacted]
4. Email: [redacted]
5. Title of Course: Basics of Acupuncture for the Oral Medicine Practitioner Hands on workshop
6. Location, Address, and Time of the education program: American Academy of Oral Medicine Annual Meeting Las Vegas, NV May 12-17 2025
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: Dharti Patel DMD, ND, MSOM, DAcHM
   Dental License AZ 9085
   Naturopathic 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? Dentists
12. Please provide a detailed explanation of any live acupuncture demonstrations and/or any other demonstrations involved.
    There will be Demo of Acupuncture on Silicone ear models for hands on practice.

I declare that the above statements are true and accurate.

Signature of the Applicant or Representative of Entity: DP

Name: Dharti Patel Date: 8/26/24