OREGON BOARD OF MEDICAL EXAMINERS
1500 SW 1st Ave, Suite 620 • Portland, OR 97201 • (971) 673-2700

Acupuncture Applicant

ACUPUNCTURE CLINICAL PRACTICE AFFIDAVIT FORM

This form is required only for acupuncture applicants who did *not* graduate from an accredited, candidate, or approved equivalent program *and* are applying for licensure based on their previous licensed practice. This route to licensure requires the applicant to provide affidavits from *two* individuals who have personal knowledge of the years of practice and the number of patient visits per year. Such individuals to be office partners, clinic supervisors, accountants, or others approved by the Board.

THIS FORM* MUST *BE COMPLETED BY THE INDIVIDUAL VERIFYING THE APPLICANT'S CLINICAL PRACTICE.

FULL NAME:	OCCUPATION:
COMPLETE ADDRESS: Home Business	PHONE NUMBER: Home Business
NAME OF ACUPUNCTURE APPLICANT WHOSE CLINICAL PRACTICE YOU ARE VERIFYING:	
DESCRIBE YOUR RELATIONSHIP TO THE APPLICANT WITH REGARDS TO HIS/HER ACUPUNCTURE PRACTICE:	

AFFIDAVIT OF CLINICAL PRACTICE

I ____, in my capacity as ______________________________hereby
(Name of person verifying clinical practice) (Relationship to above named acupuncturist)

attest that I have personal knowledge that ____ has actively
(Name of acupuncturist whose clinical practice you are verifying)

practiced as a ***licensed*** acupuncturist in the state(s) of ____ ,

for a period of at least five years ***prior to July 1, 1998***. Those years being ________________________, and has
(Years)
provided a minimum of 500 patient treatments per *each* year during these five years.

____ ______________________________
PRINT YOUR NAME TITLE

____ ______________________________
Sign your name in the presence of a Notary DATE

This portion to be completed by notary

Notary Seal or Imprint

Subscribed and sworn to before me on ______________________________________

Notary Signature ____

Notary Public for ______________________________ Commission expires ________________

☞ **IMPORTANT: This form must be sent directly from the individual verifying clinical practice to the Board of Medical Examiners at the address above.**

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Web Form 12/02