Committee on Acupuncture

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CHINESE HERBAL THERAPY PRACTICE

NAME:_____ DATE:_____

1. Do you employ Chinese Herbal Therapy, including patent or raw herbs, in your Massachusetts acupuncture practice? ☐Yes ☐No

2. If "yes," you must attach proof of 450 hours of Committee on Acupuncture (COA) approved Chinese Herbal Education.

NOTE: You cannot begin to employ Herbal Therapy in your Massachusetts Acupuncture Practice until you receive notification from the COA that the documentation that you have submitted is satisfactory.

THIS FORM MUST BE RETURNED WITH YOUR ACUPUNCTURE LICENSE APPLICATION

I hereby certify under penalty of perjury under the laws of the Commonwealth of Massachusetts that all statements made on this Chinese Herbal Therapy Practice form are accurate.

I also certify under penalty of perjury under the laws of the Commonwealth of Massachusetts that if the answer I have given above changes I shall notify, in writing, the Committee on Acupuncture (COA within 30 days of the change.

Signature:_____Date:_____