

**Clean Needle Technique (CNT)
ELIGIBILITY REQUIREMENTS FORM
FOR ACUPUNCTURE ASSISTANTS**

Name of Candidate: _____

SEEKING REGISTRATION AS AN ACUPUNCTURE ASSISTANT* Provide the full name and acupuncture license number of your supervising acupuncturist who will attend during your CNT practical exam, as well as the state in which you are seeking to become a registered acupuncture assistant.

Please note, acupuncture assistants will receive a different certificate and will be required to retake CNT if they later decide to become licensed acupuncturists.

Full Name of Supervising Acupuncturist: _____

License Number: _____ State: _____

*Applies only to candidates in the United States

ASSUMPTION OF RISK, RELEASE AND WAIVER: I, _____ swear or affirm that the information I have provided is true and accurate. I understand that the successful completion of the CNT course may not be construed, considered or implied to be in any way a statement of competency to practice as an acupuncturist. I agree that I shall not advertise or represent myself as a licensed acupuncturist or certified by the National Certification Commission for Acupuncture and Oriental Medicine by completing the CCAHM CNT course. If the CCAHM CNT written or practical exam date(s) in which I am enrolled is/are cancelled due to unforeseen circumstances, I agree not to hold the CCAHM responsible for any personal expenses incurred related to the exam(s). I understand that there are risks involved in my participation in the CNT course, including but not limited to personal injury resulting from a needling accident. I further understand and acknowledge that neither the CCAHM nor any of its affiliates are responsible for any injury resulting from my participation in the CNT course. In consideration of my participation in the CNT course, I assume all risks and responsibilities surrounding my involvement, including but not limited to all risk of personal injury. I release and agree to defend, hold harmless and indemnify the CCAHM, its instructors, examiners, directors, officers, employees, agents and representatives of, from and against all liabilities, claims, demands or causes of action of any kind or nature that relate or pertain in any way to my participation in the CNT course, including delay in licensure, loss of income, or other financial loss.

I assume all of the risks involved with my participation in the CCAHM CNT course. I assume these risks, whether they are foreseen or unforeseen and regardless of whether they are due to intentional tortious conduct or negligence by or on behalf of the CCAHM, the instructor, the examiner, or any individual.

By signing or typing my name below, I acknowledge and confirm that I have carefully read, understand and agree to this Assumption of Risk, Release and Waiver.

Signature: _____ Date: _____ Printed Name: _____