

Clean Needle Technique (CNT)
ELIGIBILITY REQUIREMENTS FORM
for Currently Enrolled Students in a
Acupuncture and/or Herbal Medicine College or Program

Name of Candidate: _____

School Name: _____

Name of Program: _____ School Phone Number: _____

School Address: _____

City: _____ State: _____ Zip: _____

To be completed by Authorized School Officer:

*I hereby verify that the above individual is currently enrolled as an acupuncture/herbal medicine student, and that they have completed and passed a hands-on needling techniques course no later than the date on which they will register to take the CCAHM CNT course. I understand that the CCAHM CNT course does **not** teach needling techniques and is **not** intended to be the first needling experience for students.*

signature of authorized school officer

printed name of authorized school officer

Email address: _____ Date: _____

CANDIDATE ASSUMPTION OF RISK, RELEASE AND WAIVER: I, _____ swear or affirm that the information I have provided is to the best of my knowledge 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, represent or in any way hold myself to be a licensed acupuncturist or certified by the National Certification Commission for Acupuncture and Oriental Medicine by completing the CCAHM CNT course. In the event that 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 attending 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 understand that as a prerequisite to this class, I must have completed or be currently enrolled and active in an acupuncture techniques course at an established school of acupuncture. I represent that, based on my prior coursework, I can safely self-administer acupuncture needles. I further understand and acknowledge that neither the CCAHM nor any person or entity with which they are affiliated will be 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.

Candidate Signature: _____ Date: _____ Printed Name of Candidate: _____