

Clean Needle Technique (CNT)
ELIGIBILITY REQUIREMENTS FORM

Name of Candidate: _____

To be eligible to take the CCAHM CNT course, you must document **one** of the following (**check one only**):

- 1. RETAKING CNT** No additional documentation is needed. (*Applies only to those candidates who have previously completed a CNT course with CCAHM.*)
- 2. GRADUATE OF AN ACUPUNCTURE AND/OR HERBAL MEDICINE SCHOOL OR PROGRAM** Provide a copy of your educational transcripts and diploma. If these documents are in a language other than English, also provide an official English translation.
- 3. CANDIDATE FOR THE NCCAOM EXAMINATION** Provide your NCCAOM Candidate ID number: _____.
- 4. ENROLLMENT IN A STATE OR NCCAOM APPROVED TUTORIAL*** Provide a copy of the state or NCCAOM approval letter for your tutorial, as well as a letter from your tutorial provider documenting your completion of needling techniques training.
- 5. LICENSED ACUPUNCTURIST OR OTHER HEALTH CARE PROFESSIONAL LEGALLY ABLE TO PRACTICE ACUPUNCTURE IN THE U.S.*** Provide copies of your license and the current state statute authorizing acupuncture as being within the scope of practice of your profession. If you are licensed in the state of California, please provide your license number: _____.
- 6. SEEKING ALTERNATIVE LICENSURE ROUTE IN THE STATE OF MICHIGAN*** Provide a letter from the Michigan Department of Licensing and Regulatory Affairs (LARA) verifying you have applied for licensure and need to complete the CNT course. This applies only to those seeking licensure in Michigan who do not meet any of the above eligibility requirements. (Ends April 1, 2024)
- 7. NADA DETOXIFICATION SPECIALIST*** Provide a copy of your NADA certificate of training.

*Applies only to candidates in the U.S.

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.

Signature: _____ Date: _____ Printed Name: _____