



**Evaluation for
Acupuncture/TCM**

Applicant Name: _____

Date of Birth: _____ **Place of Birth:** _____

Applicant email address: _____

Requesting:

- \$350 Initial Licensure**
- \$150 Initial Licensure Reevaluation** (Evaluation previously completed by AACRAO)
- \$150 Reactivation** (Application previously submitted but deactivated)

Evaluation for:

- NCCAOM Certification**
- State Board**

State Board Address: _____

Number of Additional copies requested _____

Mail additional copies to:

Educational Chronology:

Please list all institutions attended beginning with secondary institutions

Name of Secondary School(s)	Location (City/Country)	Dates of attendance	Name of Secondary School leaving certificate, diploma, or examination*	Date completed, or date awarded,
Name of Postsecondary Institution(s)	Location (City/Country)	Dates of attendance	Certificates, degrees & exams completed	Date completed, or date awarded

*List credentials using indigenous (original language) terms

Method of payment:

1. Visit our website at ies.aacrao.org. Under the "Start Your Evaluation Application" tab, select "Licensure" from the drop down menu. Fill out the downloadable pdf form and submit the application to the address listed below. Include your money order.
2. We do not accept personal checks.
3. Please make the Money order payable to AACRAO, sign it and retain the customer receipt for your files.

Attachment checklist:

Make sure these items are attached to this form when sending to AACRAO

- Completed request form
- Copies of all official foreign educational records (in original language), with literal translations if documents are not in English.
- Money Order

I certify that all statements made in this application are correct, truthful and complete. I understand that AACRAO may verify the authenticity and accuracy of the documents and information I have provided. I also understand and agree that if AACRAO determines that I have provided false or misleading information, it has the right to contact appropriate individuals, institutions or organizations affected by such false information and to inform them of its discovery.

Signature: _____ Date: _____

Notes and Instructions:

1. Copies of all official foreign educational records must be submitted in the original language.
2. Records not in English must be accompanied by a literal English translation. Translations do not have to be certified, but must be literal (word for word) and the translator must sign the translated copy and include contact information.
3. All completed evaluations are mailed First Class (or Foreign Air Mail to overseas addresses). If you need to have completed evaluations returned by courier service, you will need to prepay for such service and include prepaid mailers with your request form. We recommend FedEx service.
4. If you cancel a request before the evaluation is completed you will be charged a \$30 cancellation fee.
5. All materials submitted to the Office of International Education Services become the property of AACRAO and cannot be returned.
6. Once your application form has been processed into our system, you will receive an email notification with you ID number. Please use this ID number on all further materials addressed to our office.

The address below is for mailing only, no walk-ins:

AACRAO International Education Services

1 Dupont Circle NW, Suite 1B7

Washington, D.C. 20036-1135

Forward e-mail inquiries to: ies@aacrao.org

Phone inquiries to: 202.296.3359

FAX: 202.822.3940

[Retain a copy of this form for your files]