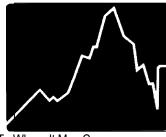
Rev. 11/10 LAC Form C



## Department of Health Professions Commonwealth of Virginia

Board of Medicine 9960 Mayland Drive, Suite 300 Henrico, Virginia 23233-1463

FAX - (804)527-4426 (804) 367-3051

To Whom It May Concern:

The person listed below is applying for licensure as a Licensed Acupuncturist in the state of Virginia. The Board of Medicine requests that the form be completed by each jurisdiction in which he/she holds or has held a license/certificate. Please complete the form and return it to the address below. Thank you.

Commonwealth of Virginia Department of Health Professions Board of Medicine 9960 Mayland Drive, Suite 300 Henrico, VA 23233-1463	Name of Applicant (Print/Type)
Name of Licensee	State/Commonwealth of
License/Certification number	Issued effective
Licensed/Certified Through (check one)	
□NCCAOM/PEPLS Examination □CNA Examination	Endorsement from (name of state)
Board examination other than NCCAOM/PEPLS/CNT Ex	kamination
License is: Current Lapsed L	
Has the applicant's license/certificate ever been suspended	or revoked?
If yes, for what reason?	
Derogatory information, if any	
Comments, if any	
BOARD SEAL	Cinned
	Signed
	Title
	State Board