



Virginia Department of  
**Health Professions**  
Board of Medicine

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**Verification of NCCAOM Certification**

Please complete the following, enclose a \$35.00 check payable to the NCCAOM and forward to:

**NATIONAL CERTIFICATION COMMISSION FOR ACUPUNCTURE & ORIENTAL MEDICINE**

<https://www.nccaom.org/contact/>

I am applying for a license to practice as an acupuncturist in the Commonwealth of Virginia. The Board of Medicine requires that the NCCAOM submit verification of the following. Please complete the form for SCORE VERIFICATION OF NCCAOM CERTIFICATION and **send to the address below.**

\_\_\_\_\_  
Applicant's Name Applicant's

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Applicant's Certificate Number

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The Score Verification of NCCAOM Certification must include:

1. Comprehensive Written Examination test date and score
2. Clean Needle Technique Portion test date and score
3. Practical Examination of Point Location Skills test date and score
4. When the Clean Needle Technique Course was passed
5. Certificate Number
6. Certificate expiration
7. Examination Language

**9960 Mayland Drive, #300  
Henrico, Virginia 23233-1463  
(804) 367-4570**