

December 2011

Auriculotherapy Certification Institute, Inc.  
PMB 270  
8033 Sunset Blvd.  
Los Angeles, CA 90046-2427

# Auriculotherapy Certification Institute

A 501 (c) (3) non-profit organization

## Application for Auriculotherapy Certification

I. Name: \_\_\_\_\_  
First Middle Last (Degree for certificate, optional)

Please list your primary address to be used in the directory. Mail will be sent to this address unless you specify another address.

Business Address:	Mailing Address:
Street:	Street:
City, State, Zip:	City, State, Zip:
Phone: Fax:	Phone: Fax:
Business E-mail:	Alternate E-mail:
Business Website:	Alternate Website:

### II. Credential/License

\_\_\_\_ I practice independently with a state credential/license. **Enclose a copy of your credential/license with your application OR furnish the following information:**

**State & Issuing Agency:** \_\_\_\_\_

**Field or Profession:** \_\_\_\_\_

**Current Credential/License No.:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

\_\_\_\_ I do **not** practice independently, but I do work under a credentialed/licensed supervisor. Provide your supervisor's information above.

III. Have you ever been disciplined or had your credential/license revoked by a disciplinary agency or are you currently under review by a disciplinary agency?  Yes  No If yes, please attach a letter of explanation

IV. I am applying for certification in:  Auricular Acupuncture \*  Auriculotherapy  Ear Reflexology  
**\* Auricular Acupuncture Certificate requires a license in acupuncture**

I have read and agree to abide by the *Ethical Principles and the Policies and Procedures* of the Auriculotherapy Certification Institute (ACI), as they may be amended from time to time. I understand that review within the Institute will be the final determination of any controversy arising between me and the Institute. If grounds exist that would permit a court to overturn or modify the Institute's action, I will seek redress only through arbitration in Los Angeles, California. I also understand that I am obligated to pay the costs of any court or arbitration proceedings including reasonable attorney's fees that are expended by the Institute in its defense where I do not prevail. I understand and agree that ACI and its affiliates assume no responsibility for my actions or activities. I practice at my own risk and hereby release ACI from any and all liability from any practice decisions I make. I hereby give permission to the Institute to contact individuals or agencies for verification of information submitted. I understand that any falsification of information is grounds for not granting or loss of Institute certification. I understand that, in all cases, both written and practicum fees are non-refundable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ACI does not discriminate among applicants as to age, sex, race, religion, national origin, handicap, marital status or sexual orientation. ACI has the prerogative to establish and reverse policies/procedures including fees and dates for recertification as deemed appropriate.

<b>FOR OFFICE USE ONLY</b>	Applicant Name:	Received by:	Date:
Amount Received: \$	<input type="checkbox"/> Cash <input type="checkbox"/> Check #	Paid by Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	

I agree to pay total amount according to card issuer agreement:

CC#: \_\_\_\_\_ Exp. : \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_