

2017 Advanced Military Acupuncture Skills

MR07

WRNMMC Bethesda, Maryland  
 21-23 March 2017

**The following documents are required to process your application:**

* 🞏 This completed application form
* 🞏 A statement about your work environment, clinical responsibilities, and current and intended use of acupuncture.

Return all documents to HMI:

Fax: 510-649-8692

Email: mafp@HMIeducation.com

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| --- | --- | --- | --- | --- | --- |
| Name: |  |  |  |  |  |

First Initial Last

Sex:  Female  Male

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DOB: |  | / |  | / |  |

Month Day Year

|  |  |
| --- | --- |
| Degree: |  |

MD, DO, NP, PA, other

|  |  |
| --- | --- |
| Service Division: |  |

|  |  |
| --- | --- |
| Rank: |  |

|  |  |
| --- | --- |
| Current Location: |  |

|  |  |
| --- | --- |
| Medical Specialty: |  |

|  |  |
| --- | --- |
| Military E-mail: |  |

|  |  |
| --- | --- |
| Personal E-mail: |  |

|  |  |
| --- | --- |
| Street: |  |

Best mailing address for parcels, no P.O. boxes.

|  |  |
| --- | --- |
| City: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| State: |  | Zip:\_ |  |

|  |  |
| --- | --- |
| Work Phone: |  |

|  |  |
| --- | --- |
| Home Phone: |  |

|  |  |
| --- | --- |
| Cell Phone: |  |

|  |  |
| --- | --- |
| Fax: |  |

Please use the format 555-555-5555.

# Medical Acupuncture Training

|  |  |
| --- | --- |
| Course Title: |  |

|  |  |
| --- | --- |
| Course Provider: |  |

|  |  |
| --- | --- |
| Year Completed: |  |

|  |  |
| --- | --- |
| CME Credits for Course: |  |

Have you attended prior advanced military acupuncture program? If yes, please list dates.

|  |  |
| --- | --- |
| Dates: |  |

No  Yes

|  |  |
| --- | --- |
| When is your end of obligated service? |  |

|  |  |
| --- | --- |
| How many acupuncture treatments do you perform per week? |  |

|  |  |
| --- | --- |
| Do you anticipate this number changing after this refresher course? |  |

All training activities will take place at Walter Reed National Military Medical Center.

Tuition is funded by National Capital Region Pain Initiative. The applicant is responsible for travel and billeting. Please contact your local directors regarding reimbursement of expenses.

For additional information, email [mafp@hmieducation.com](mailto:mafp@hmieducation.com) or call 510.649.8488