 2016 Military Acupuncture Refresher

MR06

 Camp Pendleton, California
 1 - 4 April 2016

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

* 🞏 This completed application form
* 🞏 A statement about your acupuncture training, work environment including your command city and state, clinical responsibilities, and intended use of acupuncture. Is your command supportive of providing acupuncture at your current duty location? Will your command allow **immediate** certification and use of acupuncture skills upon completing this refresher course?

Return all documents to Acus/HMI:

Fax: 510-649-8692

Email: mafp@HMIeducation.com

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 Military Acupuncture Refreshers? 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 Camp Pendleton, CA. Tuition is funded by NCRPI. The applicant is responsible for travel and billeting. Please contact your local command regarding reimbursement of expenses. For additional information, call 510-649-8488 or email mafp@hmieducation.com.