



**C. Licensure Examination Passed**

Nature of Licensure Examination	Rating	Date Taken

**D. Work Experience: (Acupuncture-related)**

(Note: Start with the most recent Acupuncture practice)

Nature of Practice <i>(i.e. clinical care management, administration, education, research, others)</i>	Name of Clinic/Company/Office	Inclusive Dates

**E. Trainings/Seminars attended**

(Note: Indicate only those trainings in acupuncture and Traditional Chinese Medicine (TCM). Please attached certificates obtained)

Title of Training	No. of Hours	Conducted by	Certificate Obtained (indicate if Certificate of Attendance, Certificate of Completion)	Inclusive Dates

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

*Printed Name of Applicant*



**Left Thumbmark**



**Right Thumbmark**

**AFFIDAVIT OF UNDERTAKING**

Republic of the Philippines  
City/Municipality of \_\_\_\_\_) s.s  
Province \_\_\_\_\_)

I, \_\_\_\_\_, (indicate Nationality), of legal age with address at \_\_\_\_\_, after having been sworn to in accordance with law hereby depose and state THAT:

1. I am an applicant for Acupuncture certification pursuant to the PITAHC established *“Guidelines Implementing R.A 8423 IRR on the National Certification of Acupuncturists and Accreditation of Acupuncture Training Programs, Centers and Clinics”*;
2. I attest to the truth, accuracy and genuineness of all the information, documents and records contained and attached to this application and that I shall be liable for any misrepresentation, fraudulent declaration and all its consequences;
3. I am executing this affidavit as a proof of good faith in complying with the requirements for securing the abovementioned certificate.

**AFFIANTS SAYETH NAUGHT.**

**IN WITNESS WHEREOF**, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_ 2015 in \_\_\_\_\_.

Signature over printed name  
Affiant

**SUBSCRIBED AND SWORN** to before me, a Notary Public, this \_\_\_ day of \_\_\_\_\_ 2015\_\_ at \_\_\_\_\_ City, affiant exhibited to me his (any government issued ID) issued on \_\_\_\_\_ at \_\_\_\_\_.

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Book No. \_\_\_\_\_  
Series No. \_\_\_\_\_