

Confirmation of Clinical Internship in Veterinary Acupuncture

Dear Dr _____,

The 30-hour Clinical Internship in Veterinary Acupuncture with a Certified Acupuncturist is one of the requirements for the Certified Veterinary Acupuncturist registered at China National Society of TCVM and Chi Institute. Please fill this form for the intern, Dr. _____, to validate his/her clinical internship in Veterinary Acupuncture under your supervision.

Thank you for your help. Please feel free to contact us if you have any questions.

Regards,

Huisheng Xie, DVM PhD

President of Chi Institute of Chinese Medicine

STEP 1: Please fill the Contact Information of the Internship Supervisor.

NAME	First Name:	Middle Name:	Last Name:
TITLE	LICENSE #	PRACTICE AREA	<input type="checkbox"/> Small Animal <input type="checkbox"/> Equine <input type="checkbox"/> Mixed
CVA By	<input type="checkbox"/> Chi Institute <input type="checkbox"/> IVAS <input type="checkbox"/> CSU <input type="checkbox"/> Tuft	CERTIFICATE #	Issue Date: ____/____/____
ADDRESS	Street Address:		
	City:	State:	Zip Code: Country:
TELE #	EMAIL		

STEP 2: Please fill the Contact Information of the Intern.

NAME	First Name:	Middle Name:	Last Name:
TITLE	LICENSE #	CHI PROGRAM	<input type="checkbox"/> Small Animal <input type="checkbox"/> Equine <input type="checkbox"/> Mixed Of _____
TELE #	EMAIL		

STEP 3: Please fill the Information of the Internship.

INTERNSHIP DATES	COMMENTS AND SIGNATURE
	<p>Comments:</p> <p>Signature of Supervisor: _____ Date: _____</p>
TOTAL HOURS: _____ Hours	

STEP 4: Please mail and fax (if possible) the signed form to us by using the contact information at the top of the page.