

Applicant Name \_\_\_\_\_

**Basic Science Courses** 

## **Education Completed**

This form is required of all applicants prior to a license being issued. Please make copies if more space is required.

Equivalent to this

Year	Name of school/program	Title of course	required course	Credits
ccupunc	ture or Eastern Medic	ine Education Co	ompleted	
Year	Name of school/program	Title of course	Equivalent to this required course	Credits