DHANM

Public Health Acupuncture of NM

Acudetox Training Registration Form

Dates June 20-23, 2024

Location: TBD Gallup, NM

Name:	Er	naii:	
Address:		City:	
State: Zip:	Phone 1:	Phone 2:	
Organization:		Position:	
Highest Level of Education	on:	License(s):	
Include the following doc	cuments with your registration	n:	
☐ A copy of your Res	sume or a list of positions y	you have held;	
☐ A copy of your GE	ED or highest educational o	legree <i>or</i> unofficial college tra	nscripts;
☐ A copy of your CC	OVID Vaccination Card (in	order to attend in person);	
At which organization	do you plan to practice acu	detox	
Signature of Program I	Director		
Printed Name of Progr	am Director		
Is this a \Box treatment,	□prevention, or □ harm	reduction program?	
Signature of Doctor of	Oriental Medicine Ongoin	g Supervisor	
Printed Name of DOM	Supervisor		
harm reduction program with		e within a board-approved substance use ctor of Oriental Medicine at least every n the past two years.	
Supervised internship	of 40 clients.		
		e completed at a high volume det nship supervisors will be assigned	
Acudetox Didactic Traini Includes Materials Fee (\$	ng Part 1 (Didactic and prac 50) and Insurance (\$30)	ticum)	\$45 0
	his will vary depending on Coper session with a minimum of		\$300-\$550
Total:			\$750-\$1000

Please send a deposit of \$250 to secure your place. Cancellations by 4 weeks before the training start date will receive a 100% refund, By two week before start a 50% refund and less than two weeks, no refund.

Please make checks out to PHANM. <u>Please Mail this form with all documents and deposit by May 23rd 2024</u> to:

PHANM, PO Box 35863 Albuquerque, NM 87176

Or scan and email all to PHAofNM@gmail.com We can take deposit over the phone.