

Office of Admission and Records  
Institute of Clinical Acupuncture and Oriental Medicine

**REQUEST FOR CLINICAL EXTERNSHIP**

I, \_\_\_\_\_ am requesting for Clinical Externship with the following healthcare provider or hospital with specific learning objectives:

1. Name of provider/practitioner: \_\_\_\_\_
2. Specialty and Title: \_\_\_\_\_
3. Address of Clinic/Hospital: \_\_\_\_\_  
\_\_\_\_\_
4. Contact info: Phone # : \_\_\_\_\_ Email: \_\_\_\_\_

The following are my three (3) required specific learning objectives:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

Please state the duration of externship start date and hours:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total Hours to be completed: \_\_\_\_\_

I the undersigned agree to provide a reflective paper to the Clinic Director documenting the externship and I understand that no patient treatment count will be allow under the 350 ACAOM requirements.

Signature of Acupuncture Intern: \_\_\_\_\_ Date: \_\_\_\_\_

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**OFFICE USE ONLY:**

Request and Tuition Received on: \_\_\_\_\_ Processed By: \_\_\_\_\_

Approved       Denied       Pending

Comments if any: \_\_\_\_\_

Signature of Clinic Director: \_\_\_\_\_ Date: \_\_\_\_\_