

Application for permission for clinical observation

I hereby apply through the website of the Japan Society of Acupuncture and Moxibustion for an opportunity of clinical observation in one of your affiliated clinics.

1. Facility offering opportunities for observation

Name of person in charge of facility (Please choose from the list on Website)

Requested language (means of communication)

Please enter '1' for your 1st choice and enter '2' for your 2nd choice

Japanese English Chinese Korean Other

Requested Date and time

Areas of interest

Oriental medical therapy Modern medical therapy

Acupuncture Moxibustion

Other

2. Applicant(s) If there is more than one person, please apply by separate application for each person and write that you are in a group and the name of person in charge into the Remarks field.

Name

Sex

Nationality

Occupation / student (license(s))

e-mail

Remarks

Notes:

Please respect Japanese culture and tradition, be strictly on time and follow instructions given at the observation site (if any).

Also, certain unforeseeable circumstances can make a planned clinical observation occasionally impossible. In this case, please do not object to that decision/notification.

Application date: yr mo day