

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

PRACTITIONER LICENSING AND INVESTIGATIONS SECTION
Acupuncture Licensing

AFFIDAVIT

Waiver of continuing education due to medical disability/illness

I hereby declare my eligibility for a waiver of the continuing education requirements based on a medical disability/illness pursuant to Connecticut General Statutes. I certify that due to a medical disability/illness, I am unable to complete the continuing education requirements from _____ to _____.

I am hereby attaching certification from my health care provider.

The above statements are true to the best of my knowledge and belief.

Date

Signature

Address

City, State, Zip

License Number

Subscribed and Sworn before me this

_____ day of _____,

20_____.

Notary Public



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