



OREGON COLLEGE *of* ORIENTAL MEDICINE

NCCAOM Transcript Request Form

I, _____, do hereby request that an official transcript be sent to:

NCCAOM
76 South Laura Street
Suite 1290
Jacksonville, FL 32202

Check the box for the exam being applied for:

- Biomedicine
- Acupuncture with Point Location
- Foundations of Oriental Medicine
- Chinese Herbology

Student Signature

Date

Please allow two weeks for the transcript to be processed.

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The science of medicine, the art of healing