

AMERICAN MANUAL MEDICINE ASSOCIATION MEMBER AGREEMENT

I agree and confirm that I will conduct my practice of health care and acupuncture in accordance with the AMMA code of ethics and in accordance with all of the applicable state and federal laws to which I am subject.

I further acknowledge and agree that I will not use or apply any invasive acupuncture technique, including needling acupuncture, unless licensed, registered, or certified to do so by a state licensure board, or unless working under the direct in office supervision of a licensed physician, or other health care provider empowered by state law to supervise needling acupuncture.

I will provide every client that applies to me for care with an honest, truthful, and accurate written documentation of my training, educational background, clinical experience, and any applicable certifications and/or state licenses.

Print Name: _____ Date: _____

Signature: _____