



3. Describe your past experience and present work (role and responsibility) as a trainer of alternative medicine.

4. Describe your perspectives on alternative medicine in your country especially in the present situation of globalization.

5. Describe the national government's policy on alternative medicine in your country and the reality how it functions.

6. Describe your community's readiness to practice and conduct training on alternative medicine including modified forms of acupuncture.

7. Why are you interested in this course? What are your concrete expectations?

I hereby certify that the above information is true and correct.	
NAME(in Block):	_____
SIGNATURE	: _____
DATE	: _____

## **STATEMENT BY SENDING ORGANIZATION**

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**\*AHI considers this training as a joint effort among the participant, the sending organization, and AHI. The following questions should be filled out in as much detail as possible by the person representing your organization.**

1. Why is your organization interested in sending the applicant to AHI Oriental Medicine Course (OMC)?

2. How does your organization intend to promote alternative medicine including modified acupuncture?

This is to certify that \_\_\_\_\_  
(name of applicant)

is a member of \_\_\_\_\_  
(name of your organization)

and holds the following position in the organization: \_\_\_\_\_  
\_\_\_\_\_.

AHI asks you, as a representative of your organization, to make the following pledge:

We will provide opportunities and cooperate for \_\_\_\_\_  
(name of applicant)

\_\_\_\_\_ to apply what she/ he learns from OMC in our  
organization.

NAME (in print) : \_\_\_\_\_

TITLE : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_

DATE : \_\_\_\_\_