

CERTIFICATE OF COMPLETION

THIS IS TO CERTIFY THAT Nancy Bibi AC # _____, HAS SUCCESSFULLY
COMPLETED 15 HOURS OF APPROVED CONTINUING EDUCATION.

PROVIDER NAME:

Kathryn P. White, Ph.D., L.Ac.

PROVIDER NUMBER:

ACP-149

Kiiko Matsumoto-Style Acupuncture: A Systematic Presentation

COURSE TITLE

March 15-16, 1997

COMPLETION DATE

UCLA School of Medicine

COURSE LOCATION



INSTRUCTOR'S SIGNATURE

March 16, 1997

DATE



PROVIDER'S AUTHORIZED SIGNATURE

March 16, 1997

DATE

CALIFORNIA LICENSED ACUPUNCTURISTS ARE REQUIRED TO RETAIN THIS CERTIFICATE FOR AT
LEAST FOUR YEARS FROM THE DATE OF COMPLETION OF THIS COURSE.

CRSREQ(5/95)

TOTAL P. 07

MAR-20-1996 16:22 FROM CA ACUPUNCTURE COMMITTEE TO 514134627020 P. 01