

# American Manual Medicine Association Michigan Medical Acupuncture Association

## Diplomate Acupuncture (D.Ac.) Program Registration Form

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

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ PROFESSION(S): \_\_\_\_\_

Classes are held at the MMAA offices located at 2040 Raybrook SE, Grand Rapids, MI 49546; unless otherwise noted  
Class dates and locations are subject to change with prior notification to all registered individuals

**Part I. Clean Needle Technique/Public Safety Protocols (12 Hours) Saturdays 10 am – 4 pm & Sundays 8 am – 2 pm**  
**Year Course #1101**

2011:  February 19-20  April 16-17  September 10-11 or  December 10-11

2012:  February 18-19  April 21-22  September 22-23 or  December 15-16

**Part II. Contemporary Medical Acupuncture Courses (48 Hours) Saturdays 10 am – 4 pm & Sundays 8 am – 2 pm**  
**Year Course #2101 Course #2102 Course #2103 Course #2103**

2011:  March 19-20  May 21-22  July 16-17 and  October 22-23

2012:  March 17- 18  May 19-20  Aug 18-19 and  October 20-21

**Part III. Acupuncture Distance Learning (40 Hours) Course 3101 and Course 3102 (Schedule with Instructor)**

National Board Certification in Acupuncture (AMMA NBCA NCE) is offered to D.Ac. candidates through the AMMA. To join the AMMA, find out about and register for upcoming exam dates, and/or to inquire about acupuncture malpractice insurance please contact the AMMA at: Toll Free 888.375.7245 – Fax 616-575-9066 - email [info@americanhealthsource.org](mailto:info@americanhealthsource.org)

**D.Ac. Program Instructor: Arthur Kaminsky, M.D., D.Ac.** Art may be contacted at [drkaminsky@yahoo.com](mailto:drkaminsky@yahoo.com)

**Fees for Parts I, II and III Programs leading to D.Ac. Certification: \$1,825 or with Advance Registration: \$1,475\***

Individuals course fees are **\$365** per Course or with **Advance Registration: \$295\***

\*Advance Registrants must be fully registered 2-weeks prior-to the first Residency Course date

**Make checks payable to the Kaminsky Group, LLC and mail to: 444 E. Crescent St. Marquette, MI 49855**

**Total Due: \$\_\_\_\_\_** Check Enclosed  Payment by Credit Card  VISA or  Mastercard Exp. Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder Name/Address:  same as above or: \_\_\_\_\_