



ATHENS
— COLLEGE OF —
**EAST ASIAN
MEDICINE**

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STUDENT ID number:

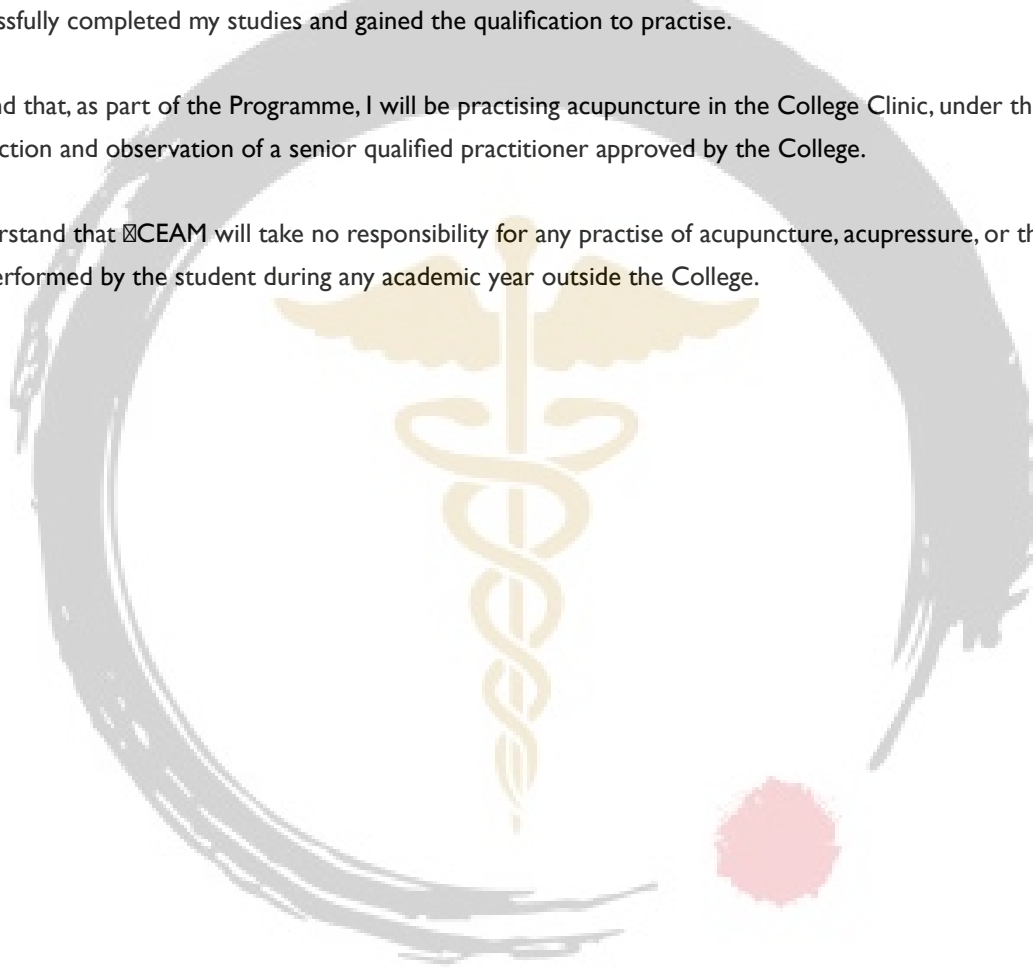
Academic Session: 2019/20

ACEAM PRACTICE VOW

I, upon enrolment and whilst studying on the Bachelor level Acupuncture Programme at ACEAM, hereby sincerely promise NOT to practise any form of acupuncture or acupressure on any individual outside the confines of the clinic at the Athens College of East Asian Medicine in Athens Greece, until I have successfully completed my studies and gained the qualification to practise.

I understand that, as part of the Programme, I will be practising acupuncture in the College Clinic, under the strict supervision, instruction and observation of a senior qualified practitioner approved by the College.

I also understand that ACEAM will take no responsibility for any practise of acupuncture, acupressure, or the prescription of herbs performed by the student during any academic year outside the College.



Print Name:

Student Administrator

Date:

Date:

Signature:

Signature: