National Oriental Medicine Accreditation Agency

555 Capitol Mall • Suite 600 • Sacramento, CA 95814

Telephone: (213) 820-2045 • Facsimile: (310) 791-4989

Application for a Branch

(Must be Typed)

Branch Information

Name of Institution (From state License) ________________________________

Authorized d/b/a/ ____

Street Address (not P.O. Box) ____

City/State/Zip ____

Telephone Number ____

Site Contact Person ________________________Title__________________

Anticipated Date of First Class Start _________________________________

Main Campus Information

Name of Institution (From state License) ________________________________

Authorized d/b/a/ ____

Street Address (not P.O. Box) ____

City/State/Zip ____

Telephone Number ____

Site Contact Person ________________________Title__________________

NO ADVERTISING, ENROLLING, OR TEACHING MAY OCCURE
PRIOR TO NOMAA APPROVAL

I verify that the information contained within this application for establishing a branch location and in accompanying materials is accurate. I grant permission for NOMAA to contact the state licensing agency and/or state department of education, other accrediting agencies, the federal department of education or any other organization referenced in the application or accompanying materials. I hereby authorize and direct such agencies to release the information requested.

Name/ Title of Main Campus Owner ______________________Date_______