Japanese Society of Ryodoraku Medicine

### Application for Certification Credit

Please use this form to register for each Ryodoraku academic and/or training conference for which you wish to receive credit for the purposes of Ryodoraku certification.

In accordance with the Japanese Society of Ryodoraku Medicine’s certification rules and standards (item 4), I hereby apply for credit from the below-listed academic and/or training conference. I agree that the content presented at and my participation in this conference are in accordance with the Society’s certification rules and standards.

|  |  |
| --- | --- |
| APPLICANT’S NAME (PRINTED) | DATE (YEAR/MONTH/DAY) |
| ADRESS |
|  | TELEPHONE |
| APPLICANT’S SIGNATURE |
|  |
| JSRM REPRESENTATIVE’S SIGNATURE |

## Academic and/or Training Conference Details

|  |
| --- |
| CONFERENCE NAME |
| DATES AND TIMES |  |
|  | STARTING DATE: | ENDING DATE: |  |
|  | STARTING TIME OF DAY: | ENDING TIME OF DAY |  |
|  | FREQUENCY (E.G., EVERY 4TH MONDAY OR 2 TIMES A YEAR): |  |
|  |  |  |
| CONFERENCE SITE (LOCATION NAME) |
| SITE ADDRESS |
|  | TELEPHONE |
| APPROXIMATELY HOW MANY ATTENDEES ARE ANTICIPATED? |
| MAJOR TOPICS AND/OR PRESENTATIONS |  |
|  | MORNING SESSION(S): |  |
|  |  |  |
|  | AFTERNOON SESSION(S): |  |
|  |  |  |
|  | PLEASE INCLUDE PRESENTERS’ NAMES; USE ADDITONAL SHEETS IF NECESSARY. |  |

Please deliver the completed form to: Rie Azuma, International Administration.

By e-mail: itn@jsrm.gr.jp

By post: c/o AN Oriental & Ryodoraku Medicine 1-2-18-108 Shimomeguro Meguro 1530064 Tokyo Japan