

**Form 3 – Course Completion Certificate for Basic TCM Subject Areas**

**(school name) Course Completion Certificate for Basic TCM Subject Areas**

Year in school:

Student ID No.:

Name		Sex		Birth date	MM/DD/YYYY	National ID No.	
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**School System I**

No.	Subject Areas
1	Basic TCM theories
2	Huangdi Neijing
3	Nan Jing
4	TCM history
5	TCM pharmacology
6	TCM formula study

**School System II**

No.	Subject Areas
1	TCM physiology
2	TCM environmental health
3	TCM pathology
4	TCM health philosophy
5	TCM history
6	TCM pharmacology
7	TCM formula study

**This is to certify that the individual named above has completed courses in all of the subject areas listed above and received passing grades.**

(school seal) President: (signature or seal)

Department Chair: (signature or seal)

MM/DD/YYYY