

“REQUIRED COURSES ‘07”

Courses Required for License Renewal

Available on CD as Correspondence Courses

FSOMA MEMBERS RECEIVE DISCOUNTED PRICES.

SPECIAL PRICING FOR FSOMA FALL CONFERENCE '07 ATTENDEES.

THESE COURSES ARE DELIVERED ON AUDIO CD, WITH HANDOUTS AND A TEST PROVIDED. UPON COMPLETING AND MAILING IN THE TEST, FULL CREDIT IS GIVEN.

TOTALS 10 HOURS: 2 HOURS: MEDICAL ERRORS
 3 HOURS: IMAGING
 5 HOURS: LAB TEST FINDINGS

(2 HOURS OF FLORIDA LAWS AND RULES IS ALSO REQUIRED AND IS AVAILABLE FROM AMY SEAR. SEE SEPERATE FORM.)

2 HOURS: MEDICAL ERRORS

“PREVENTING MEDICAL ERRORS: HERBAL SAFETY”

THIS IS A COURSE TAUGHT BY ROBERT LINDE, AP, RH (AHG) THAT PROVIDES A VERY THOROUGH AND DETAILED PRESENTATION ON HERBAL SAFETY. IT COVERS CHINESE AND WESTERN HERBS, AND ALSO SATISFIES THE NCCAOM REQUIREMENT FOR “SAFETY”.

3 HOURS: IMAGING

“USE OF CLINICAL THERMOGRAPHY”

BARBARA THURMAN, AP, CCT PROVIDES AN ENGAGING AND VERY FACT-FILLED PRESENTATION OF THE USES AND APPLICATIONS OF THERMOGRAPHY, INCLUDING SOME TERRIFIC CORRELATIONS TO “QI”, “ZANG FU” ORGAN SYNDROMES, AND OTHER ASPECTS SPECIFIC TO ACUPUNCTURE PRACTICE.

5 HOURS: LAB TEST FINDINGS

THIS IS COMPOSED OF TWO PRESENTATIONS, “INTRACELLULAR NUTRITIONAL ANALYSIS” AND “FUNCTIONAL MEDICINE: THE ADRENALS, THYROID, AND ESTROGEN”. 1 HOUR WITH ROBERT SLATTERY REVEALING THE VERY VALUABLE METHOD OF DETERMINING NUTRIENTS INSIDE CELLS (VS. INSIDE BLOOD), AND 4 HOURS WITH KAREN CORCORAN, RN, DC GIVING A VERY INFORMATIVE AND USABLE COURSE ON TESTING METHODS FOR THE ADRENALS, THYROID, AND ESTROGEN.

NOTE: 2 HOURS OF HIV: NO LONGER REQUIRED AT EVERY RENEWAL

Required Courses -- 10 Hours from FSOMA

FSOMA Member ___ \$90.00 ___ \$50.00 if an attendee of Fall Conference '07 (Orlando)
(includes shipping, handouts and all test materials)

Non-Member ___ \$130.00 ___ \$75.00 if an attendee of Fall Conference '07 (Orlando)
(includes shipping, handouts and all test materials)

Name _____

FL License # _____

Mailing Address _____

City, State, Zip _____

Daytime Phone: _____ Cell Phone: _____

Email Address _____

Pay by Check or Credit Card Master Card and Visa ONLY

Make Check out to FSOMA

Or Submit Credit Card Information:

Account Number: _____ (Master Card and Visa Only)

Expiration Date: _____

Amount Included: _____

Mail, Fax or Scan to: FSOMA P.O. Box 331097 Atlantic Beach, FL 32233-1097 800-578-4865

Fax 904-246-9233 Email: director@fsoma.com