



Registered Trainer Cover Sheet

Instructions to Registered Trainer in charge of this NADA training:

1. Instruct trainees to fill out the NADA Training Application and Ethics Pledge by the last day of the classroom portion of the training.
2. Collect and review applications/ethics pledges and photo copy or scan each one. For a two-track training, keep the original to sign after trainee completes their supervised clinical practicum. If this is a one-track training then sign each application prior to sending to the NADA office (RT signature required to issue an ADS record of training). We still recommend that you keep a copy for your own records.
3. In the tables below record the attendance and fees due from NADA this training. Record trainee names on the second sheet.
4. Mail copies of applications, evaluations, payments, and this cover sheet to the NADA office. If all payments are with a credit card, applications and cover sheet can be faxed or emailed to the NADA office.

RT Name(s)				
Total number of Trainees		Training Site		Dates
Type of Training	<input type="checkbox"/> One-Track (Classroom training & clinical practicum integrated together) <input type="checkbox"/> Two-Track (Classroom training at one time & clinical practicum after)			

SUMMARY AND BREAKDOWN OF FEES

	Number	Fee amount	Subtotal due (# x fee)	
Trainee/ADS trainees' membership fee		\$70.00	\$	
Student/Senior trainees' membership fee		\$40.00	\$	
US Trainees' RT fee / Canada RT Fee (Only U.S. funds accepted)		\$35.00 CAN \$27.50	\$	I.
Trainees' checks/money orders totaling:			\$	II.
Trainees' credit card information included on application totaling:			\$	III.
Registered Trainer check totaling:			\$	IV.
Registered credit/debit card:			\$	V.
Total submitted payment (II. + III. + IV. + V.):			\$	VI.
Balance due, if any - Please explain below (I. minus VI.):			\$	VII.
Please explain reason for balance due shown on VII:				
When will the remaining funds be submitted?				

PAYMENT METHOD (Check or money order made payable to NADA. We only accept U.S. funds)

<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		
Credit/Debit Card #	Exp. Date	3-digit code
Name on Card	Billing address if different than mailing address	

Return Cover Sheet to:

National Acupuncture Detoxification Association, PO Box 1066, Laramie, Wyoming 82073 USA
 (888) 765-NADA (307) 460-2771 Fax: (573) 303-0111 membership@acudetox.com



Trainee List

	NAME (Please Type)	APP
1		
2		
3		
4		
5		
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