

CCE



South Baylo University

FOR OFFICE USE ONLY

RECEIPT # _____

DATE _____

BY _____

☐ **Anaheim Main Campus:** 1126 N. Brookhurst St., Anaheim, CA 92801-1701
Tel: 714-533-1495 Fax: 714-533-6040

☐ **Los Angeles Campus:** 4055 Wilshire Blvd. #500, Los Angeles, CA 90010
Tel: 213-738-0712 Fax: 213-480-1332

CCE APPLICATION FORM

☐ CCE I

☐ CCE II

■ **STUDENT NAME** _____
Last First Middle

■ **STUDENT ID #** _____ ■ **EXAM DATE** _____

■ PLEASE MARK ONE.

☐ 1st Attempt ☐ 2nd Attempt ☐ 3rd Attempt ☐ 4th Attempt ☐ 5th Attempt ☐ 6th Attempt (Final)

■ PLEASE MARK WHICH SECTION YOU NEED TO TAKE OR RETAKE.

☐ ALL

☐ ACUPUNCTURE

☐ HERBOLOGY

☐ OM THEORY

☐ WESTERN SCIENCE

☐ CLINICAL PRACTICE (CCEII ONLY)

■ FEES:

☐ 1st and 2nd Attempt: No Fee ☐ 3rd Attempt or more: \$100.00 per exam

■ SPECIAL REMARK:

*I acknowledge that I must complete and pass the CCE II examination within **6 attempts and within the maximum program timeframe** to graduate from the school (applicable to CCE II takers).*

Student Signature: _____ Date: _____