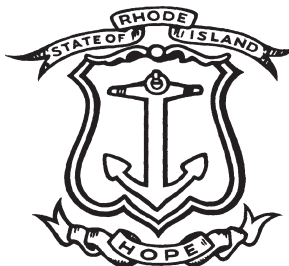


FOR OFFICE USE ONLY

Acupuncture Checklist

- Endorsement Examination
- App. & Fee
- Date: _____ Check _____
- Birth Certificate/Legal Entry
- Transcript
- Exam Results from NCCAOM
- Reference Letters:
 - 1 from Doctor of Acupuncture
 - 1 Other
- Lic. Verification from other States



FOR OFFICE USE ONLY

Application Approved:

License Number:

Issue Date:

ID#:

Receipt #:

**Rhode Island
Center for Professional Licensing
Acupuncture and Chinese Medicine**

Room 104
3 Capitol Hill
Providence, RI 02908-5097

Instructions and Application For

- Doctor of Acupuncture
- Doctor of Acupuncture and Chinese Medicine

By

- Examination** **Endorsement**
(From Another State)

License # _____

Name _____

MILITARY STATUS ELIGIBILITY

*(Documentation Required)
see next page for instructions*

Please check ONE of the following criteria for expedited application:

- I am in active military duty or a reservist
- I am a military veteran with honorable discharge
- I am the spouse of someone in active military duty or the spouse of a reservist

Applicant - Print Name (First/MI/Last)

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

LICENSURE REQUIREMENTS

- Completed Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$310.00** and attached to the upper left-hand corner of the first (Top) page of the application. **THIS APPLICATION FEE IS NONREFUNDABLE.**
- Birth Certificate (**official certified copy**), or if born outside the United States, proof of citizenship, lawful alien status or legal entry.
- Transcript from an institute approved by the Accreditation Commission for Acupuncture and Herbal Medicine (program must be not less than 1,905 hours of training)
- Completed and passed the "National Certification Commission for Acupuncture and Oriental Medicine" (NCCAOM) examination. Certification and examination results must be **sent directly** from the NCCAOM to the Center for Professional Licensing.
- Two (2) letters of reference. One (1) of these letters must be from a licensed or registered Doctor of Acupuncture. Must be in original form, signed and dated.
- If applying for expedited military status, please complete the Military Expedition Form at the end of this application packet.
- If you have ever been licensed in another state, license verification(s) must be sent directly from the state(s) in which you hold or have held a license. (Interstate Verification Form included in this application can be used for that purpose)
- In addition - If you are applying for Doctor of Acupuncture and Chinese Medicine you must provide one of the following:
 - Transcript showing completion of an ACAHM accredited or candidate status program, or traditional Chinese medicine program, or an herbal medicine program that the department determined was substantially equivalent or exceeded the ACAHM curriculum requirements regarding herbal medicine

OR

Proof that you successfully passed the Chinese Herbology Exam

Licensure Information

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information. HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.

License Certificates

RIDOH will be providing wallet license cards ONLY on issuance of licenses. If you wish to receive a license certificate, suitable for framing, please check the box below and attach a separate check in the amount of \$30.00 made payable to RI General Treasurer.

- I would like to receive a license certificate. I have enclosed a separate check in the amount of \$30.00



State of Rhode Island

Office of Health Professionals Regulation

Application for a License as a Doctor of Acupuncture and Chinese Medicine

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

<p>1. Name(s)</p> <p>This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/Permit/Certificate. Do not use nicknames, etc.</p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Title (i.e., Mr., Mrs., Ms., etc.)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>First Name</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Middle Name</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Surname, (Last Name)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Suffix (i.e., Jr., Sr., II, III)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Maiden, if applicable</p> <p>Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).</p> <hr/>
<p>2. Social Security Number</p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>U.S. Social Security Number</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>“Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State.”</p>
<p>3. Gender</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>4. Date of Birth</p>	<div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block; margin-right: 10px;"></div> / <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block; margin-right: 10px;"></div> / <div style="border: 1px solid black; width: 60px; height: 15px; display: inline-block;"></div> <small>Month Day Year</small>
<p>5. Home Address</p> <p>It is your responsibility to notify the board of all address changes.</p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>1st Line Address (Apartment/Suite/Room Number, etc.)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Second Line Address (Number and Street)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>City</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Country, if NOT U.S.</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Home Phone</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>State</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Zip Code</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Postal Code, if NOT U.S.</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Home Fax</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Email Address (Format for email address is Username@domain e.g. applicant@isp.com)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div>
<p>6. Business Address (ONLY if it is RELATED to your license.)</p> <p>It is your responsibility to notify the board of all address changes.</p> <p><i>This address will appear on the Department of Health web site.</i></p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Name of Business/Work Location</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>1st Line Address (Department/Suite/Room Number, etc.)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Second Line Address (Number and Street)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>City</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Country, if NOT U.S.</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Business Phone</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Extension</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Business Fax</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>State</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Zip Code</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Postal Code, if NOT U.S.</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div>

<p>7. Preferred Mailing Address Please check <u>ONE</u></p>	<p><input type="checkbox"/> Please use my Home Address as my preferred mailing address</p> <p><input type="checkbox"/> Please use my Business Address as my preferred mailing address</p>
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<p>8. Qualifying Education</p> <p>Please list the name and information about the school that you attended that qualifies you for this license.</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; height: 15px; width: 100%;"></td> </tr> <tr> <td style="font-size: 8px;">Type of School (University, College, Technical School, etc.)</td> </tr> <tr> <td style="border: 1px solid black; height: 15px; width: 100%;"></td> </tr> <tr> <td style="font-size: 8px;">Name of School</td> </tr> <tr> <td style="padding: 5px;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></td> <td style="padding: 0 5px;">Date Graduated:</td> <td style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></td> </tr> <tr> <td align="center" colspan="2" style="font-size: 8px;">State School is Located In</td> <td></td> <td align="center" style="font-size: 8px;">Month</td> <td align="center" style="font-size: 8px;">Day</td> <td align="center" style="font-size: 8px;">Year</td> <td colspan="2"></td> </tr> </table> </td> </tr> <tr> <td style="border: 1px solid black; height: 15px; width: 100%;"></td> </tr> <tr> <td style="font-size: 8px;">Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)</td> </tr> <tr> <td style="padding: 5px;"> <p>Is school an institute accredited by the <i>Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM)</i>? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(Must be an accredited school to qualify for licensure in Rhode Island)</p> </td> </tr> </table>		Type of School (University, College, Technical School, etc.)		Name of School	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></td> <td style="padding: 0 5px;">Date Graduated:</td> <td style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></td> </tr> <tr> <td align="center" colspan="2" style="font-size: 8px;">State School is Located In</td> <td></td> <td align="center" style="font-size: 8px;">Month</td> <td align="center" style="font-size: 8px;">Day</td> <td align="center" style="font-size: 8px;">Year</td> <td colspan="2"></td> </tr> </table>			Date Graduated:						State School is Located In			Month	Day	Year				Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)	<p>Is school an institute accredited by the <i>Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM)</i>? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(Must be an accredited school to qualify for licensure in Rhode Island)</p>
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<p>9. Other State License(s)</p> <p>Please answer the question and list state(s), if applicable</p>	<p>Have you <u>ever</u> held, or do you currently hold, a license in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer to this question is “yes”, enter <u>all other state licenses</u> in Question 10 (below):</p>
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<p>10. Licensure</p> <p>List all states or countries in which you are now, or ever have been licensed to practice your profession*.</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <p>State/Country:</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> </td> <td style="width:50%; vertical-align: top;"> <p>State/Country:</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> </td> </tr> </table> <p>(*You must also request a License Verification using the Interstate Verification form enclosed in this application from all states that are listed above)</p>	<p>State/Country:</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p>	<p>State/Country:</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p>
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11. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8 1/2 x 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending?

Yes No checkboxes

Abbreviation of State and Conviction1 (e.g. CA - Illegal Possession of a Controlled Substance):

Three horizontal lines for listing convictions

Month and Year grid boxes

12. Disciplinary Questions

Check either Yes or No for each question.

1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending?

Yes No checkboxes

2. Have you ever been denied a license, certificate, registration or permit in any state?

Yes No checkboxes

Note: If you answer "Yes" to any question, you are required to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper.

13. Affidavit of Applicant

Complete this section and sign.

Make sure that you have completed all components accurately and completely.

I, _____, affirm that the information provided on my application form and documentation provided to support my application is true, complete and unaltered. I acknowledge that pursuant to R.I.G.L. 11-18-1, knowingly making a false statement on my application form is punishable as a misdemeanor, and that such an act shall constitute cause for denial, suspension, or revocation of my license/permit to practice as a Doctor of Acupuncture or Doctor of Acupuncture and Chinese Medicine in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Center for Professional Licensing - Acupuncture and Chinese Medicine of any change in the answers to these questions after this application/affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)



Substitute forms are not acceptable, copy this form as needed.

Rhode Island Office of Health Professionals Regulation Acupuncture and Chinese Medicine

Room 104, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2828

INTERSTATE VERIFICATION FORM - OTHER STATE LICENSURE

I am applying for a license to practice as a Doctor of Acupuncture or Doctor of Acupuncture and Chinese Medicine in the State of Rhode Island. The Rhode Island Center for Professional Licensing requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Office at the above address.

Print/Type Full Name _____ Signature _____ Date _____

Previous Names Used _____ Social Security Number _____ Date of Birth _____

License Number _____ Date Issued _____

THIS SECTION TO BE COMPLETED BY THE ACUPUNCTURE OFFICE/BOARD

Acupuncture Program Completed:	Location:	Graduation Date:
Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has completed and passed the NCCAOM Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No	
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued:	Expiration Date:

Questions:

- Has this licensee ever been investigated by your Board? Yes No
- Has this licensee incurred any disciplinary proceedings in your state or is any action pending? Yes No
- Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
- Do you know of any information that may discredit this person? Yes No

If you answer "Yes" to questions 1-4, please provide a written explanation below and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

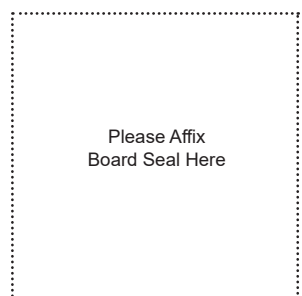
Certification:

Signature _____ Date _____

Type or Print Name _____

Title _____

Full Name of Licensing Board _____



Please Affix
Board Seal Here

Please return directly to the Board at the above address. Thank you for your prompt cooperation.



Rhode Island Department of Health Military Expedition Form

Please attach this form to the *front* of your completed application and mail to the address shown on the application cover.

Pursuant to Rhode Island General Laws § [5-88-1](#) et seq., upon application, this state may recognize occupational licenses, certificates or permits obtained from other states for military members and their spouses who relocate to this state pursuant to military orders. The Rhode Island Department of Health (RIDOH) will expedite your or your spouse's health professional license application provided the following conditions are met.

I. PROFESSION/LICENSE TYPE

Please indicate the profession and/or license type you are applying for so that your application can be routed to the correct office:

Profession/License Type: _____

II. MILITARY STATUS

Please check ONE of the following criteria for expedition:

I am in active military duty or a reservist.

I am the spouse of someone in active military duty or the spouse of a reservist.

I am a military veteran with honorable discharge. *You do not need to complete the rest of this application – please skip to the signature line.*

III. PROOF OF MILITARY STATUS

Please attach a copy of proof of your military status such as one of the following: Leave Earning Statement (LES), Letter from Command, or Copy of Orders

IV. MILITARY CHANGE OF STATION ORDER

Permanent Change of Station Order

V. PROOF OF GOOD STANDING

Proof of good standing from the board in the other state in which the person has a license.

VI. Criminal Background Check (a "BCI") (*unless required in the initial license application*)

BCI completed from the RI Attorney General's Office.

VII. ATTESTATIONS:

Check all that apply:

No board in any other state has revoked the license for which I am applying as a result of negligence or intentional misconduct.

I have never surrendered an occupational license, certificate, or permit because of negligence or intentional misconduct.

I do not have a complaint, allegation, or investigation currently pending before a board in another state which relates to unprofessional conduct or an alleged crime.

I attest that the above responses and information are true and accurate to the best of my knowledge and that none of the information set forth above is false, erroneous, or defective in any important, as set forth in R.I. Gen. Laws § 11-18-1. I understand that this application is being made to the Rhode Island Department of Health, which shall rely upon my attestation and the information provided in this document.

Signature of Applicant

Date

On a case-by-case basis RIDOH may grant a temporary license should the military member or spouse need additional time to complete education, training, and/or experience for the licensure in Rhode Island. RIDOH will contact the applicant directly should that be needed.