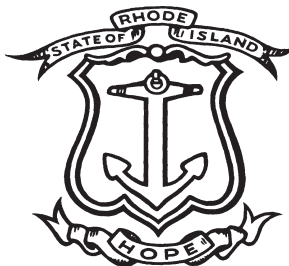


FOR OFFICE USE ONLY

Acupuncture Checklist

- Endorsement Examination
- App. & Fee
- Date: _____ Check _____
- Birth Certificate/Legal Entry
- Transcript
- Exam Results from NCCAOM
- Reference Letters:
 - 2 from Doctors 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 Oriental Medicine**

Room 104
3 Capitol Hill
Providence, RI 02908-5097

Instructions and Application For

- Doctor of Acupuncture and Oriental Medicine
- Doctor of Acupuncture and Oriental Medicine with Chinese Herbology

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
- I am the spouse of of a military veteran with honorable discharge

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 Schools and Colleges of Acupuncture and Oriental Medicine (program must be at least 36 months and not less than 2,500 hours of training)
- Completed and passed the "National Certification Commission for Acupuncture and Oriental Medicine" (NCCAOM) examinations listed below. Certification and examination results must be **sent directly** from the NCCAOM to the Center for Professional Licensing.

You must have a passing grade on all of the following modules of NCCAOM exam:

- Point location module
- Foundation of Oriental Medicine
- Biomedicine module
- Acupuncture module

- Three (3) statements of good moral character letters. Two (2) of these letters must be from licensed or registered Doctors of Acupuncture. Must be in original form, signed and dated.
- If applying for expedited military status you must include one of the following: Leave Earning statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.
- 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 Oriental Medicine with Chinese Herbology you must provide one of the following:

Transcript showing completion of an ACAOM accredited or candidate status program of at least thirty-six (36) months and not less than 2,500 hours of clinical/didactic training, of which at least 660 hours were training hours in herbs and at least 210 hours of those were clinical hours in acupuncture and herbs

OR

Proof of 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 Oriental Medicine

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

1. Name(s)

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.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable
Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

2. Social Security Number

- -

U.S. Social Security Number

"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."

3. Gender

Male Female

4. Date of Birth

/ /

Month Day Year

5. Home Address

It is your responsibility to notify the board of all address changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

 -

City State Zip Code

Country, if NOT U.S. Postal Code, if NOT U.S.

- -

Home Phone Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

This address will appear on the Department of Health web site.

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

 -

City State Zip Code

Country, if NOT U.S. Postal Code, if NOT U.S.

- -

Business Phone Extension Business Fax

7. Preferred Mailing Address Please check <u>ONE</u>	<input type="checkbox"/> Please use my Home Address as my preferred mailing address <input type="checkbox"/> Please use my Business Address as my preferred mailing address
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8. Qualifying Education Please list the name and information about the school that you attended that qualifies you for this license.	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="border: 1px solid black; height: 15px;"></td> </tr> <tr> <td colspan="3" style="font-size: 8px;">Type of School (University, College, Technical School, etc.)</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; height: 15px;"></td> </tr> <tr> <td colspan="3" style="font-size: 8px;">Name of School</td> </tr> <tr> <td style="border: 1px solid black; width: 10%; height: 15px;"></td> <td style="border: 1px solid black; width: 10%; height: 15px;"></td> <td style="border: 1px solid black; width: 80%; height: 15px;"></td> </tr> <tr> <td style="font-size: 8px;">State School is Located In</td> <td align="center" colspan="2">Date Graduated:</td> </tr> <tr> <td></td> <td align="center" style="font-size: 8px;">Month</td> <td align="center" style="font-size: 8px;">Day</td> </tr> <tr> <td></td> <td align="center" style="font-size: 8px;">Year</td> <td></td> </tr> <tr> <td colspan="3" style="border: 1px solid black; height: 15px;"></td> </tr> <tr> <td colspan="3" style="font-size: 8px;">Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)</td> </tr> <tr> <td colspan="3" style="padding: 5px;"> 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 (Must be an accredited school to qualify for licensure in Rhode Island) </td> </tr> </table>				Type of School (University, College, Technical School, etc.)						Name of School						State School is Located In	Date Graduated:			Month	Day		Year					Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)			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 (Must be an accredited school to qualify for licensure in Rhode Island)		
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	Month	Day																																
	Year																																	
Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)																																		
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 (Must be an accredited school to qualify for licensure in Rhode Island)																																		

9. Other State License(s) Please answer the question and list state(s), if applicable	Have you <u>ever</u> held, or do you currently hold, a license in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer to this question is “yes” , enter <u>all other state licenses</u> in Question 10 (below):
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10. Licensure List all states or countries in which you are now, or ever have been licensed to practice your profession*.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> State/Country: _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="width:50%; vertical-align: top;"> State/Country: _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> <tr> <td style="vertical-align: top;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="vertical-align: top;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> <tr> <td style="vertical-align: top;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="vertical-align: top;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> <tr> <td style="vertical-align: top;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="vertical-align: top;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> <tr> <td style="vertical-align: top;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="vertical-align: top;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> <tr> <td style="vertical-align: top;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="vertical-align: top;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> <tr> <td style="vertical-align: top;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="vertical-align: top;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> <tr> <td style="vertical-align: top;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="vertical-align: top;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> <tr> <td style="vertical-align: top;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="vertical-align: top;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> </table> <p style="font-size: 8px; margin-top: 10px;">(*You must also request a License Verification using the Interstate Verification form enclosed in this application from all states that are listed above)</p>	State/Country: _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	State/Country: _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive
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_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive																		

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 Year grid for dates

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 and Oriental 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 Oriental 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 Oriental 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/ and Oriental 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:

1. Has this licensee ever been investigated by your Board? Yes No
2. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? Yes No
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
4. 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.).

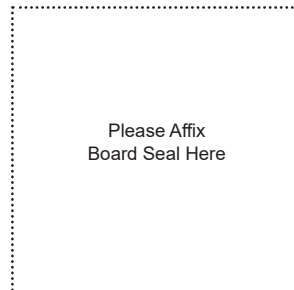
Certification:

Signature _____ Date _____

Type or Print Name _____

Title _____

Full Name of Licensing Board _____



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