

State of Arizona Acupuncture Board of Examiners
1400 West Washington, Suite 230, Phoenix, Arizona 85007
(602) 542-3095 Fax (602) 542-3093
Website: www.azacupunctureboard.us

**REGULAR ACUPUNCTURE
 LICENSE APPLICATION
 A.R.S. § 32-3924 and R4-8-203**

<u>Scope of license</u> Unrestricted practice of acupuncture in the State of Arizona.	<u>Term</u> One year. May be renewed.
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REQUIREMENTS FOR LICENSURE
1. Successful completion of Clean Needle Technique Course approved by the Board.
2. Meets ONE of the following requirements: <ul style="list-style-type: none"> a. Has been certified by the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM), or its successor organization, OR b. Has been certified in acupuncture by another certifying body OR examination that is recognized by the Board, OR c. Has been licensed by another state with substantially similar standards, AND has not had certification or licensure revoked.
3. Graduation from or completion of training in a Board approved program of acupuncture with: <ul style="list-style-type: none"> a. A minimum of 1,850 hours of training. b. Of the 1,850 hours, at least 800 hours must be in Board approved clinical training.
4. A photograph taken within the past year, not less than 2" x 2".
5. Submit this application with your notarized signature to the address above.
6. Pay application fee and license fee in the amount of \$425.00 (R4-8-106 (A)(1) and (A)(2))
7. A completed Arizona Statement of Citizenship and Alien Status for State Public Benefits form.

ACUPUNCTURE APPLICATION AND LICENSE FEE SCHEDULE		
Application fee: (non-refundable)	A.R.S. § 32-3927 (A) (2)	\$150.00
License fee:	A.R.S. § 32-3927 (A) (1)	<u>\$275.00</u>
		\$425.00

APPLICATION FEE AND LICENSE FEE MUST BE INCLUDED WITH APPLICATION

Please make checks or money orders payable to the
Arizona Acupuncture Board of Examiners. DO NOT SEND CASH.

Date received _____ Amount _____ Check # _____ Receipt # _____

CLEARLY PRINT OR TYPE ALL INFORMATION

Last Name: _____
First Name: _____
Middle Name: _____
Other names known by: _____

Social Security Number: _____ - _____ - _____
Date of Birth: _____ / _____ / _____

Business Address:

Business Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone: _____ Fax: _____
E-Mail: _____

Home Address (If different than above)

Home telephone numbers and addresses will be kept confidential, unless these are the only numbers of record.

Address: _____
City: _____
State: _____ Zip Code: _____
Phone: _____ Fax: _____
E-Mail: _____

Your application is not complete until the Board office has received all verification documents.

Applicants must contact the organizations or individuals to have verification sent directly to the Board. Records and documents must have an original (not photocopied) signature, stamp or seal of the official authorized to maintain the records of the organization or individuals.

Any documents that are not in English must be accompanied by an acceptable, original translation, performed by a qualified translator, which includes all written and printed material on the original. An Affidavit of Accuracy in which the translator who performed or verified the translation affirms that the entire document has been translated, that nothing has been omitted or added, and that the translation is true and correct, must accompany the translation.

PLEASE PLACE AN X NEXT TO ANY APPLICABLE STATEMENTS

Yes No **Have you been licensed by another state, territory, district of the United States or country? List the states, including inactive licenses.**

State or Country	License Number	Date Issued	Expiration Date	Limitations on License	Licensure by endorsement examination or other

Yes No **Are you certified by the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM)?**

Is your certification active and current? Yes No

Date of current certification ____/____/____ Expiration Date of Certificate ____/____/____

Yes No **Are you certified in acupuncture by another certifying body not listed above?**

Name of certifying body: _____

Address of certifying body: _____

Date of current certification ____/____/____ Expiration Date of Certificate ____/____/____

Yes No **Have you passed an examination in acupuncture, other than listed above?**

Name of organization: _____

Address of organization: _____

Yes No **Have you completed an acupuncture program accredited within the United States?**

List the date you completed the program ____/____/____

Yes No **Have you completed a minimum of 1,850 hours of training with at least 800 hours of clinical training?**

School Graduated From And Location (if applicable)	Years Attended	Dates Of Attendance		Diploma Or Degree Obtained
		From	To	

You must contact the degree issuing school and request an official transcript be sent directly to the Board.

YOU MUST ANSWER ALL OF THE FOLLOWING QUESTIONS:

- Yes No Has any acupuncture licensing authority of any other state, district, or territory of the United States or any other country or subdivision of any country, ever refused or denied you a license or certificate to practice acupuncture, or revoked, suspended, limited, restricted, or taken any other action regarding your license or certificate to practice acupuncture?
- Yes No Do you have any condition that may impair your ability to practice acupuncture safely and skillfully?
- Yes No Have you ever been convicted of a crime, other than a minor traffic offense? Include pleas of guilty and no contest, conviction for driving under the influence of drugs or alcohol.
- Yes No Has a claim for malpractice ever been made against you or has a lawsuit ever been filed against you, alleging professional malpractice or negligence in the practice of acupuncture?
- Yes No Has any health care facility ever terminated, restricted, or taken any other action regarding your employment, professional training, or privileges, or have you ever voluntarily or involuntarily resigned from a health care facility while under investigation?

If you answered YES to any question, you must attach a letter of explanation, and documents or records that have original (not photocopied) signature, stamp or seal of the official authorized to maintain the records or documents.

NOTICE:

Pursuant to A.R.S. 32-3208 an applicant who has been charged with a misdemeanor or felony involving conduct that may affect patient safety after submitting an initial application or an application for renewal must notify the regulatory board in writing within ten working days after the charge is filed.

Your application is not complete until the Board office has received all verification documents and completed the administrative review.

AFFIDAVIT

I hereby certify that under penalties of perjury, I declare and affirm that the statements made in this application, including accompanying statements and transcripts, are true, complete and correct. I understand that any false or misleading information, in or in connection with my application may be cause for denial or loss of licensure.

Signature of Applicant

Date

Notary Section

**IN THIS SPACE ATTACH
A PHOTOGRAPH
TAKEN WITHIN THE PAST YEAR**

Revised 4/7/08