



**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](http://www.azacupunctureboard.us)

**Acupuncture License Renewal Application**

**A.R.S. § 32-3925 and R4-8-204**

**Scope of License :**

Unrestricted practice of acupuncture  
in the State of Arizona.

**Term:**

One year.

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**A license holder who fails to renew on or before the date the license expires shall immediately cease and desist from engaging further in any practice until the license is reinstated. An individual may apply for reinstatement of license within 60 days after the expiration of the license. Failure to do so will require an individual to reapply for a license.**

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**Requirements For Renewal of License**

1. Submit renewal fee of \$275.00 by check or money order payable to the Arizona Acupuncture Board of Examiners. **DO NOT SEND CASH.**
2. Complete all sections of this application and return.
3. The Continuing Education requirements for renewal are:
  - a) A license holder shall complete a minimum of 15 hours of Board approved continuing education per year.
  - b) An acupuncturist shall retain for a minimum of 2 years records of all continuing education course work completed. The Board, at its discretion, may audit a random sample of acupuncturists who report compliance with the continuing education requirement.
  - c) Instructors of approved continuing education courses may receive 1 hour of continuing education credit for each classroom hour taught.
  - d) An acupuncturist may receive one hour for attending one board meeting during the year.
  - e) An acupuncturist may receive 15 hours credit for each article written on the practice of acupuncture or oriental medicine that is published in a peer-reviewed professional journal or text book during the year for which the hours apply.
4. Incomplete renewal applications forms will be returned.

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**Requirements for Reinstatement of License**

1. Submit renewal application.
2. Submit renewal fee of \$275.00 plus a \$100.00 late fee.
3. Submit documentation of 15 hours of continuing education attendance.
4. Submit a sworn affidavit that the individual has not practiced acupuncture since the license expired.

ADMINISTRATIVE USE ONLY:

Date Received: \_\_\_\_\_ Amount: \_\_\_\_\_ Check No.: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

Answer The Following Questions Relating To The Last 12-Months

- Yes  No Has any licensing authority of any other state, district, or territory of the United States or any other country or subdivision of any country, denied you a license or certificate to practice acupuncture; or revoke, suspend, limit, restrict, or take any other action regarding your license or certificate to practice acupuncture? If so, provide an explanation.
- Yes  No Have you been convicted of a crime, including driving under the influence of drugs or alcohol, other than a minor traffic offense? If so, provide an explanation.  
**Note:** 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 must notify the regulatory board in writing within ten working days after the charge is filed.
- Yes  No Have you had a claim for malpractice or a lawsuit filed against you alleging professional malpractice or negligence in the practice of acupuncture? If so, provide an explanation.
- Yes  No Do you have any condition that may impair your ability to practice acupuncture safely and skillfully?
- Yes  No Have you ever resigned, voluntarily or involuntarily, from a healthcare facility while under investigation or had a healthcare facility terminate, restrict, or take any other action regarding your employment, professional training, or privileges? If so, provide an explanation.

I certify that I have completed \_\_\_\_\_ hours of Continuing Education training per R4-8-206. I certify that I have established a protocol for the secure storage, transfer and access of medical records pursuant to A.R.S. 32-3211.

Clearly Print Or Type All Information

Full Name: \_\_\_\_\_  
License Number: \_\_\_\_\_

Business Address:

Name of Business: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Home Address:

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_ E-Mail: \_\_\_\_\_

Designate which address will be your address of record which all mail will go and is of public record.

- Business Address
- Home Address

With this application for license renewal, I submit the following signed statement under penalty of perjury that the facts in the application are accurate, true and complete.

Signature

Date