

**State of Arizona Acupuncture Board of Examiners**  
**1400 West Washington, Suite 230, Phoenix, Arizona 85007**  
**(602) 542-3095 Fax (602) 542-3093**  
**Website: <https://acupunctureboard.az.gov>**

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

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

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

**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 **Are you or have been licensed or certified by this state, another state, district, or territory of the United States in a health care profession? Provide evidence of current and past licenses and certificates. List the states, including inactive licenses and certificates.**

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 **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	

**Applicants must contact the degree issuing school to request and have an official transcript 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**

A.R.S. 41-1030(B) An Agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule, or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or conditions.

A.R.S. 41-1030(D) This section may be enforced in a private civil action and relief may be awarded against the State. The Court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the State for a violation of this section.

A.R.S. 41-1030 (E) A State employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

A.R.S. 41-1030 (F) This section does not abrogate the immunity provided by Section 12-820.01 or 12-820.02.