

Douglas A. Ducey
Governor



Jamie Fitzgerald, L.Ac.
Chairman

Mario Fontes, L.Ac.
Secretary

Acupuncture Board of Examiners

1740 W. Adams
Phoenix, Arizona 85007
Telephone (602) 364-0145 • Fax (602) 542-3093

David Geriminsky
Executive Director

VISITING PROFESSOR CERTIFICATE APPLICATION
A.R.S. § 32-3926 and R4-8-208

Scope of Certificate:

To practice acupuncture only in relation to the certificate holder's faculty position duties in the State of Arizona.

Certificate Period:

One year and may be renewed annually

REQUIREMENTS FOR CERTIFICATION

1. Documentation of at least five years of experience in the practice of acupuncture
2. Evidence of skill and training in the subject that the applicant will be teaching, including one of the following:
 - a. Documentation from a college or university of experience, education, or other training in the subject the applicant will be teaching;
 - b. Documentation of experience in teaching the same or similar subject matter content within the two years before the application; or
 - c. Documentation of one year of experience within the last two years in the specialized area in which the applicant is teaching; and
3. A detailed plan outlining the duties of the visiting professor.
4. A photograph taken within the past year, not less than 2" x 2".
5. Submit this application with your signature to the address above.
6. Pay certificate fee in the amount of \$600.00 (R4-8-106 (A)(8))
7. A completed Arizona Statement of Citizenship and Alien Status for State Public Benefits form and proof of citizenship or legal alien status.

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.

Notice:

Pursuant to section 41-1093.01, Arizona revised statutes, an agency shall limit all occupational regulations to regulations that are demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern. Pursuant to sections 41-1093.02 and 41-1093.03, Arizona revised statutes, you have the right to petition this agency to repeal or modify the occupational regulation or bring an action in a court of general jurisdiction to challenge the occupational regulation and to ensure compliance with section 41-1093.01, Arizona revised statutes.

Received: _____

Receipt#: _____

Check#: _____

Amount: _____

PERSONAL INFORMATION

Last Name: _____

First Name: _____

Middle Name: _____

Other names known by: _____

Date of Birth: _____

Social Security Number: _____

HOME ADDRESS

Address: _____

City: _____

State: _____

Zip Code: _____

Phone (Home/Mobile): _____

Email: _____

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

BUSINESS ADDRESS

Employment Status **Self Employed** **Have an Employer**

Business Name or Employer Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone (Home/Mobile): _____

Email: _____

PROFESSIONAL HEALTHCARE LICENSURE, CERTIFICATION, OR EXPERIENCE

Are you permitted by law to practice a healthcare profession in Arizona, another state, territory, or district of the United States, or another country or subdivision of another country?

Yes No

If so, please list the jurisdiction(s) in which you have been permitted by law to practice healthcare profession:

Healthcare Profession	License Number	Date Issued	Expiration Date	Limitations on License	Status of License

Yes No Do you have at least five years of experience in the practice of Acupuncture?
 If yes, please provide documentation detailing at least five years of experience practicing acupuncture

EDUCATION, SKILL AND TRAINING

Yes No Have you completed an acupuncture program accredited in the United States?
Yes No Do you have skill and training in the subject that you will be teaching?
 If yes, please provide one of the documents described in the requirements for certification number two (2).

School of Graduation and Location	Dates of Attendance	Diploma or Degree Obtained

CHARACTER AND FITNESS

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

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 certification.

Signature of Applicant: _____

Date: _____

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