

Douglas A. Ducey
Governor



Jamie Fitzgerald, L.Ac.
Chairman

Mario Fontes, L.Ac.
Secretary

Acupuncture Board of Examiners

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Phoenix, Arizona 85007

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David Geriminsky
Executive Director

TEMPORARY ACUPUNCTURE LICENSE APPLICATION A.R.S. § 32-3924, § 32-3124 and R4-8-203

Scope of license:

Unrestricted practice of acupuncture in the State of Arizona.

License Period:

30 days or when the Board makes a determination on the license application whichever is first.

REQUIREMENTS FOR TEMPORARY LICENSURE

1. Fulfill all requirements for full Arizona licensure as an Acupuncturist.
2. Hold an active and unrestricted Acupuncture License in a State, Territory or Possession of the United States
3. Have never had a health profession license revoked or suspended.
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. Is not the subject of an unresolved complaint any other health profession license.
6. Submit this application with your signature.
7. A completed Arizona Statement of Citizenship and Alien Status for State Public Benefits form.
8. Pay the application fee in the amount of \$150.00 (R4-8-106(A)(2))

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: _____

Payment/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 AND CERTIFICATION

Yes No Are you permitted by law to practice Acupuncture in another state, territory, or possession of the United States?

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

| Healthcare Profession | License Number | Date Issued | Expiration Date | Limitations on License | Status of License |
|-----------------------|----------------|-------------|-----------------|------------------------|-------------------|
| | | | | | |
| | | | | | |
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Yes No Have you ever had a health profession license revoked or suspended?

Yes No Are you the subject of an unresolved complaint against your health profession license?

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.

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 attest that I meet the requirements of licensure as an Acupuncturist in Arizona.

I understand that I shall notify the board immediately if any of the answers to the questions above changes during the application period for a temporary license or while holding a temporary license. I understand that any false or misleading information, in or in connection with my application may be cause for Suspension, denial or Revocation of Temporary licensure.

Signature of Applicant: _____

Date: _____

Notary Section

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