

Douglas A. Ducey  
Governor

Susan Williams, L.Ac.  
Chairperson

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

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

**Scope of license:**

Unrestricted practice of acupuncture in the State of Arizona.

**License Period:**

One year and may be renewed annually

### REQUIREMENTS FOR LICENSURE

1. Evidence of successful completion of **Clean Needle Technique Course** as approved by the Board.
2. Meets **ONE** of the following requirements:
  - a. Have been certified by the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM), or its successor organization, **OR**
  - b. Passed all the following NCCAOM modules:
    - i. Point Location Module
    - ii. Foundations of Oriental Medicine Module
    - iii. Biomedicine Module, and
    - iv. Acupuncture Module, **OR**
  - c. Have been certified in acupuncture by another certifying body **OR** examination that is recognized by the Board (State of California Acupuncture Examination), **OR**
  - d. Have been licensed by another state with substantially similar standards, **AND** have not had certification or licensure revoked.
3. Graduation from or completion of training in a Board approved program of **acupuncture** with:
  - 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. 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.
9. A full set of fingerprints to be submitted to the FBI and AZ Department of Public Safety and \$22.00 money order made payable to the AZ Department of Public Safety

## FEE SCHEDULE

Please make checks or money orders payable to the **Arizona Acupuncture Board of Examiners**. **Do not send cash.**

Application Fee (non-refundable):	A.R.S. § 32-3927(A)(2)	\$150.00
License Fee*:	A.R.S. § 32-3927(A)(1)	\$275.00
	<b>Total:</b>	<b>\$425.00</b>
Fingerprint Processing Fee**:		\$22.00

**\*The license fee is paid at the time of application.**

**\*\*The fingerprint processing fee must be paid by money order to the AZ Department of Public Safety**

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 AND CERTIFICATION**

**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?**

**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                  Are you certified by the National Certification Commission of Acupuncture and Oriental Medicine (NCCAOM)? If so Provide a copy of the Certification.**

Is your certification active and current? \_\_\_\_\_  
 Issue date of certification: \_\_\_\_\_  
 Expiration date of certification: \_\_\_\_\_

**If you are not certified by the NCCAOM:**

**Yes                  No                  Have you passed all the following NCCAOM modules: Point Location; Foundations of Oriental Medicine; Biomedicine; and Acupuncture?**

**OR**

**Yes                  No                  Have you passed the State of California Acupuncture Licensing Examination?**

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

Name of organization: \_\_\_\_\_

Address of organization: \_\_\_\_\_

**EDUCATION AND TRAINING**

- Yes No Have you completed an acupuncture program accredited in the United States?**
- Yes No Have you completed a minimum of 1,850 hours of training and at least 800 hours of clinical training?**
- Yes No Have you successfully completed a Board approved clean needle technique course? If so provide a copy of a certificate of completion to the Board or request verification from the CCAOM be sent directly to the Board including the name of the course, date it was taken and its location.**

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

**Applicants must contact the degree issuing school to request and have an official transcript sent directly to the Board.**

**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 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. If you were convicted of a crime, include in your detailed written explanation the name of the jurisdiction, nature of the crime, date of conviction, and current status.**

**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.**

**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**