

## INSTRUCTIONS FOR COMPLETING AN APPLICATION TO PRACTICE AS AN ACUPUNCTURIST IN VIRGINIA

*(This form has been designed to be used as a checklist when preparing to submit your application.)*

### **APPLICATION FEES ARE NONREFUNDABLE**

BEFORE YOU PROCEED, READ THE FOLLOWING POINTS CAREFULLY!

Applications expire after one year. Applications not completed within one year require a new application and fee.

This is the application for a full and unrestricted license to practice acupuncture in Virginia.

You should familiarize yourself with the qualifications required for a full license by reviewing the laws and regulations governing the practice of acupuncture in Virginia. They can be found at:

[http://www.dhp.virginia.gov/medicine/medicine\\_laws\\_regs.htm](http://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm)

The Board works as efficiently as possible to process applications. The time from filing an application with the Board until the issuance of a license is dependent upon entities over which the Board has no control. It is the applicant's responsibility to ensure that outside entities send the necessary documentation to the Board. You should not expect the process to take less than 8-12 weeks, so plan accordingly if you are pursuing a practice position in Virginia.

Supporting documentation sent to the Board when there is no application on file will be purged after six months.

**NB** Virginia law considers material misrepresentation of fact in an application for licensure to be a Class 1 misdemeanor. Misrepresentation may be by commission or omission. Be sure of your facts and provide full responses to the Board's questions.

PROCEEDING TO THE APPLICATION SIGNIFIES THAT YOU HAVE READ AND ACCEPT THE FOREGOING PRINCIPLES REGARDING THE BOARD'S PROCESSES.

### INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR A LICENSE TO PRACTICE AS AN ACUPUNCTURIST

*(This form has been designed for you to use as a checklist for processing your application)*

The applicant is responsible for forwarding all of the required forms to the appropriate institutions, states and other agencies.

- Application and Fee** – The completed four (4) page application should be returned with the required fee of \$130.00. Applications **will not** be processed unless the fee is attached. Applications submitted without the application fee will be returned. Checks should be made payable to the "Treasurer of Virginia." This document **may not** be faxed.
- Examination Scores** – Forward the [NCCAOM Certification Form](#) requesting the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) to provide evidence of certification, successful completion of the Practical Examination of Point Location Skills (PEPLS) and of successful completion of the Clean Needle Technique (CNT) course. This document **may not** be faxed.

- Transcripts – If you are a U.S. graduate of an ACAOM approved program**, contact your school and have them send your transcripts to the Board. Transcripts must be provided directly from the school and may not be faxed.

**If you are a graduate of a program that is not ACAOM approved**, have your educational course of study in acupuncture evaluated by a credential evaluation service approved by the Board. Any member of NACES (National Association of Credential Evaluation Services) or NAFSA (National Association for Foreign Student Affairs) who provide course-by-course evaluations is acceptable. If the evaluation service does not provide a copy of the original transcripts as well as an English translation as part of their report, the applicant will be required to have the documents provided to the Board.

- Employment Activity Questionnaire (Form B)** – Forward Form B to all locations of professional service, practice/employment listed for the past five (5) years or since graduation, if less than five (5) years. If engaged in private practice, have another acupuncturist submit a letter attesting to your practice. **CV'S ARE NOT ACCEPTABLE. IF SUBMITTED IN LIEU OF PAGE 2, YOUR APPLICATION WILL BE RETURNED FOR COMPLETION.** This document may be faxed.
- Jurisdiction Clearance (Form C)** – Forward Form C to all jurisdictions in the United States and Canada where you are or have been licensed, certified or registered. This document may be faxed directly from the jurisdiction.
- Claims History (Form A)** – Complete If you answered yes to question #10 on page three (3) of the application. This document may be faxed
- TOEFL/TSE Scores – An applicant whose native language is not English** shall provide evidence submitted directly from TOEFL/TSE that they have taken and passed either the TOEFL or TSE examination. This requirement may be waived pursuant to Virginia regulations 18 VAC 85-110-90 B.  
<http://law.lis.virginia.gov/admincode/title18/agency85/chapter110/section90/>

**Please note:**

\*Please be aware that consistent with Virginia law and the mission of the Department of Health Professions, addresses on file with the Board of Medicine are made available to the public. This has been the policy and the practice of the Commonwealth for many years. However, with the application of new technology, which makes this information more accessible, there has been growing concern of those licensees who supply their residence address for mailing purposes. This notice is to reiterate that the Board of Medicine maintains only one address for each licensee and will allow the address of record to be a Post Office Box or practice location.

\*Applications not completed within 12 months may be purged without notice from the board.

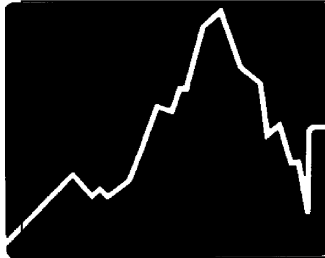
\*Additional information may be requested after review by board representatives.

*\*Application fees are non-refundable.*

Do not begin practice until your license has been issued. Submission of an application does not guarantee a license. A review of your application could result in the finding that you may not be eligible pursuant to Virginia laws and regulations.

\*Certain forms may be faxed to 804-527-4426.

\*Contact person: [beulah.archer@dhp.virginia.gov](mailto:beulah.archer@dhp.virginia.gov)



**Department of Health Professions  
Commonwealth of Virginia**

**Board of Medicine  
9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233-1463**

**email medbd@dhp.virginia.gov  
fax (804) 527-4426  
phone (804) 367-4600**

**Application for a License to  
Practice as an Acupuncturist**

I hereby make application for a license to practice as a Licensed Acupuncturist in the Commonwealth of Virginia and submit the following statements:

Last		First		Middle	
Street Address		City/State		Zip Code	
Date of Birth ____/____/____	Place of Birth	Social Security/VA Control #	Maiden Name if Applicable		
Professional School Name & Location		Professional School Graduation Date ____/____/____		Professional School Degree	

Please accompany with this application a check or money order made payable to the Treasurer of Virginia in the required amount. If the money does not accompany the application, the application **will** be returned. Please submit address changes in writing immediately.

\*In accordance with §54.1-116 in the **Code of Virginia**, you are required to submit your Social Security number/Control number (issued by the Virginia Department of Motor Vehicles.). This number will be used by the Department of Health Professions for identification purposes only and will not be disclosed for any other purposes except as mandated by law. Federal and State law requires that this number be shared with other state agencies for child support enforcement activities. **Failure to disclose this number will result in the denial of a license to practice in the Commonwealth of Virginia.**

**APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY**

APPROVED BY: \_\_\_\_\_

Applicant #	Check #	Class	Fee
		<b>0121</b>	<b>\$130.00</b>



**These questions must be answered in order for your application to be considered complete. If any of the following questions (#6-12) is answered yes, please provide supporting documentation. Letters may be submitted by your attorney regarding malpractice suits (or you may complete and submit Form A yourself.)**

3. I hereby certify that I studied acupuncture and received the degree of \_\_\_\_\_ on \_\_\_\_\_  
 (degree) (date)

from \_\_\_\_\_  
 (Name of School)

4. List all jurisdictions where you have ever held a license to practice acupuncture.

Jurisdiction	Number Issued	Current License Status

5. Do you intend to engage in the active practice of acupuncture in the Commonwealth of Virginia?  Yes  No

6. Have you ever been denied a license or the privilege of taking a licensure/competency examination by any licensing authority?  Yes  No

7. Have you ever been convicted of a violation of/or pled Nolo Contendere to any federal, state or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations, except convictions for driving under the influence.)  Yes  No

8. Have you ever had any membership in a state or local professional society revoked, suspended, or sanctioned?  Yes  No

9. Have you ever been denied privileges or voluntarily surrendered your clinical privileges while under investigation, been censured or warned, or requested to withdraw from the staff of any medical school, residency or fellowship training, hospital, nursing home, or other health care facility, or health care provider?  Yes  No

10. Have you had any malpractice suits brought against you in the last ten (10) years? If so, how many?  Yes  No

11. Have you been physically or emotionally dependent upon the use of alcohol/drugs or treated by, consulted with, or been under the care of a professional for any substance abuse within the last two years? If so, please provide a letter from the treating professional.  Yes  No

12. Do you have a physical disease, mental disorder, or any condition, which could affect your performance of professional duties? If so, provide a letter from your treating professional to include diagnosis, treatment, prognosis and fitness to practice.  Yes  No

13. Are you the spouse of a member of the U.S. military who has been transferred to Virginia and who had to leave employment to accompany your spouse to Virginia?  Yes  No

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I, \_\_\_\_\_, attest that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Virginia Board of Medicine any information, files or records requested by the Board in connection with the processing of individuals and groups listed above, any information, which is material to me and my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my license to practice acupuncture in the Commonwealth of Virginia.

I have carefully read the laws and regulations related to the practice of my profession which are available on [www.dhp.virginia.gov](http://www.dhp.virginia.gov), and I fully understand that funds submitted as part of the application process shall not be refunded.

\_\_\_\_\_  
*Signature of Applicant*