

MONTANA BOARD OF MEDICAL EXAMINERS

PO Box 200513

301 South Park Avenue 4th Floor

Helena MT 59620-0513

406-841-444-5711 FAX: 406-841-2305

E-MAIL: dlibsmed@mt.gov WEBSITE: www.medicalboard.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 10 days for processing from the date that the Board has a complete routine application)

LICENSING REQUIREMENTS FOR ACUPUNCTURE:

- Must be a graduate of an acupuncture school that is approved by the National Accreditation Commission for Schools and Colleges of Acupuncture and Oriental Medicine and offers a course of at least 1,000 hours of entry-level training in recognized branches of acupuncture or an equivalent curriculum approved by the board.
- Must be at least 18 years of age.
- Must meet the requirements for and pass the examination prepared and administered by the National Commission for the Certification of Acupuncturist and Oriental Medicine (NCCAOM).

FEES:

- **\$100.00 - Acupuncture Application Fee**

Make payable to the Montana Board of Medical Examiners

DOCUMENTS: Please submit the following documentation with your application and make each copy 8 ½" x 11.

**Certified Transcripts of Acupuncture Education
Proof of passage of CCAOM Clean Needle Exam
Birth Certificate**

NOTE: ALL DOCUMENTS NOT IN ENGLISH MUST BE ACCOMPANIED BY CERTIFIED TRANSLATIONS.

ADDITIONAL FORMS TO BE SUBMITTED FOR AN APPLICATION TO BE COMPLETE:

- **Recent National Practitioner Data Bank (NPDB) self-query:** This form must be mailed directly to the address indicated in the instructions. The results will come to you; upon receipt please forward them unopened to the Board office. This form can be obtained by calling NPDB at 800-767-6732 or visit www.npdb.hrsa.gov on the Internet.
- **NCCAOM CERTIFICATION:** Contact the testing entity for your exam scores, and have the testing entity send your scores directly to the Board.
- **State Licensing Verification form:** This form must be sent to all state boards in which you hold or ever held a professional/occupational license. The completed verification must be returned directly to the Montana State Board of Medical Examiners.

APPLICATION PROCEDURES:

- When the application file is complete, it will be processed and considered by Board staff for permanent licensure. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.
- If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration. Non-routine applications may take up to 120 days to process.

Any Application requiring Board review must be complete, with all materials received by the Department, no later than 15 working days in advance of the next scheduled Board meeting. Applications completed after that deadline will not be put on the Board's agenda.

- A verification of licensure or letter of good standing must be sent directly from each state board in which the applicant is currently or has ever been licensed. Please make copies of the attached verification request form as needed. Some states charge a fee for verification. Contact each board prior to sending the request.
- Transcripts, which detail the course-by-course curriculum in schools and the completion which directly entitled the applicant to receive the corresponding certificate or diploma, must be sent **directly** to the Board of Medical Examiners by the institution, not by the applicant. If applicable, a Certificate of Competency from the government of the Republic of China, People's Republic of China, Korea, or Japan, acknowledging that the applicant has the qualifications to practice acupuncture, must be sent directly to the Board from the issuing agency.
- Contact the NCCAOM to have a certified copy of your exam scores sent **directly** to the Montana Board of Medical Examiners.

PROCESSING PROCEDURES:

- Once a routine application is complete, the application takes up to 10 days to process from the time it is received in the Board office.
- The applicant will be notified in writing of any deficient or missing items from the application file.
- Once a routine application is processed and approved a permanent license will be issued.

For information with regard to the processing of this application and other concerns please contact the Board of Medical Examiners staff at (406) 444-5711 or email us at dlibsmed@mt.gov

PLEASE BE SURE REVIEW THE MONTANA LAWS AND RULES FOR ACUPUNCTURISTS ON OUR WEBSITE:
www.medicalboard.mt.gov

MONTANA BOARD OF MEDICAL EXAMINERS
P. O. Box 200513 (301 South Park Avenue 4 th Floor – Delivery Only)
Helena, Montana 59620-0513
Phone (406) 444-5711 FAX (406) 841-2305
E-MAIL dlibsmed@mt.gov WEBSITE: www.medicalboard.mt.gov/

Application for Licensure as Certified Acupuncturist

PLEASE TYPE OR PRINT IN INK.

(Please allow 10 days for processing from the date that the Board has a complete routine application)

1. FULL NAME: _____
Last First Middle

2. OTHER NAME(S) KNOWN BY _____

3. BUSINESS NAME _____

4. BUSINESS ADDRESS _____
Street or PO Box # City and State Zip

5. HOME ADDRESS _____
Street or PO Box # City and State Zip

PREFERRED MAILING ADDRESS: Business Home E-MAIL ADDRESS: _____

6. TELEPHONE (_____) _____ (_____) _____ (_____) _____
Business Home Fax

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____

9. GENDER MALE FEMALE

10. Please list all Post-High School education in the profession for which you are seeking licensure. Use a supplemental sheet if needed.

Name of School	Address of School	Dates Attended	Degree Earned

11. Have you ever previously applied for a license to practice in Montana? If yes, give date and results. Yes No
12. Have you ever been denied licensure or the opportunity to take a professional licensing examination in any state or country? If yes, attach a detailed explanation. Yes No
13. Have you ever withdrawn an application for an acupuncturist license? If yes, please give the state and reason for withdrawal. Yes No
14. **PRACTICE HISTORY:** List all activities after professional school in chronological order, up to and including the present. Specify nature of activity; for example, private practice, hospital practice, vacation, school, private employment, etc. Account for all periods of time longer than 1 month. Indicate specific month and year for each activity.

FACILITY NAME	FACILITY ADDRESS	DATES EMPLOYED

15. List all professional/occupational licenses, registrations and certificates in which you hold or **ever** held. Verifications for each license must be sent directly to Montana from each state licensing board.

State	License #	Issue Date	Expiration Date	License Method	Requested State Verification
				<input type="radio"/> Exam <input type="radio"/> Endorse <input type="radio"/> Other	Yes <input type="radio"/> No <input type="radio"/>
				<input type="radio"/> Exam <input type="radio"/> Endorse <input type="radio"/> Other	Yes <input type="radio"/> No <input type="radio"/>
				<input type="radio"/> Exam <input type="radio"/> Endorse <input type="radio"/> Other	Yes <input type="radio"/> No <input type="radio"/>
				<input type="radio"/> Exam <input type="radio"/> Endorse <input type="radio"/> Other	Yes <input type="radio"/> No <input type="radio"/>
				<input type="radio"/> Exam <input type="radio"/> Endorse <input type="radio"/> Other	Yes <input type="radio"/> No <input type="radio"/>

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a Supplement Sheet.

16. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
17. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
18. Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
19. Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

20. Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
21. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. Yes No
22. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
23. Is there a pending complaint against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
24. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare /Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
25. Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source. Yes No
26. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding your ability to prescribe, dispense or administer drugs including controlled substances? If yes, please attach a detailed explanation and provide documentation from the source. Yes No
27. Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source. Yes No
28. Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. Yes No

29. Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purpose of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for:
(1) misdemeanor traffic violations older than 10 years and that resulted in fines of less than \$200; and
(2) convictions prior to your 18th birthday unless you were tried as an adult. Yes No
30. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. Yes No
31. Have you been diagnosed within the past 5 years with a physical condition or mental health disorder involving potential health risk to the public? If yes please provide a detailed explanation. Yes No
32. Have you ever been court-martialled or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source. Yes No

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Department of Labor and Industry, Healthcare Licensing Bureau. I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Dated

VERIFICATION OF LICENSURE

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE AS AN ACUPUNCTURIST. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD:

I am applying for a license to practice acupuncture in the State of Montana. The Medical Board requires this form to be completed by each state wherein I hold or ever have held a professional/occupational license. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF MEDICAL EXAMINERS, P. O. BOX 200513, 301 SOUTH PARK AVENUE, HELENA, MT 59620-0513**. Your early response is appreciated.

(Signature) Name: _____
(Please print)

Address:

My License Number is: _____

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF MEDICAL EXAMINERS

State of: _____

Full Name of Licensee: _____

License No.: _____ Issue Date: _____

License is current? Yes No If NO, explain _____

Has license been suspended, revoked, placed on probation or otherwise disciplined? Yes No

If YES, explain and attach documentation

Has licensee ever been requested to appear before your Board? Yes No If YES, explain:

Derogatory information, if any _____

Comments, if any _____

BOARD SEAL

Signed: _____
Title: _____
State Board: _____ Date: _____