

# North Carolina Acupuncture Licensing Board

## Application for Licensure

### Instructions

All applicants for licensure are required to fill out this application. Please type or print clearly and complete all of the questions. Incomplete and illegible applications will be returned to the applicant. If a question does not apply to you, write "N/A" in the space. If you are unable to supply any information that is required, state the reason for failing to supply the information. Attach additional sheets of 8.5" x 11" paper if there is insufficient space to answer a question. You must have all documents in foreign languages translated by an approved translation service (see information packet). If you have any questions about what is required of you, call the North Carolina Acupuncture Licensing Board at 919-821-3008. *Make a copy of your complete application for your own records.* Return the application along with all other required materials including your application non-refundable fee of \$100 and your \$500 Licensure Fee to Post Office Box 10686, Raleigh, NC 27605. Application is valid for one year, if no action has been taken on your file and you still wish to apply for licensure after one year, you must submit a new application.

1. **Name** \_\_\_\_\_  
Last First Middle

2. **Name as it is written in Chinese, Korean, or other Foreign Language** (this is required of applicants who submit documents with their names written in a foreign language)

\_\_\_\_\_  
Last First Middle

3. **Name as you wish it to appear on your license**

\_\_\_\_\_  
Last First Middle

4. **Other names you have been known by or are known by**

\_\_\_\_\_  
Last First Middle

5. **Mailing address (Include Apt. No., PO Box., and Zip Code)**

\_\_\_\_\_  
**County:** \_\_\_\_\_ **Email:** \_\_\_\_\_

6. **Home Address**

\_\_\_\_\_

7. **Principal Business Address**

\_\_\_\_\_

8. Daytime Phone Number (\_\_\_\_\_) \_\_\_\_\_

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_

9. Social Security Number (Optional) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

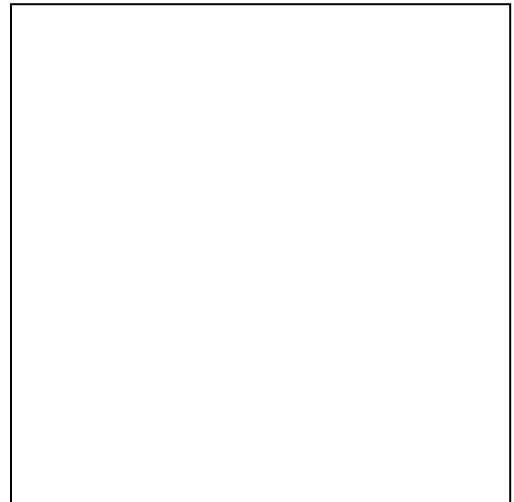
10. Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

11. Place of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City State Country

**Note: An applicant who fails to demonstrate proficiency in English must provide the Licensing Board with the name and address of the interpreter he/she intends to employ**

**12. Photographs**

**Please staple two photos of passport quality in the square to the right.**



**13. My physical description is as follows:**

Height: feet \_\_\_\_\_ inches \_\_\_\_\_

Weight: \_\_\_\_\_ pounds

Color of eyes: \_\_\_\_\_

Color of hair: \_\_\_\_\_

Sex: \_\_\_\_\_

**14. Undergraduate Education: List below the colleges or universities you attended (do not include acupuncture schools)**

Name of School \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_

\_\_\_\_\_

Dates Attended (from/to) \_\_\_\_\_

Degree Awarded \_\_\_\_\_

Name of School \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_

\_\_\_\_\_

Dates Attended (from/to) \_\_\_\_\_

Degree Awarded \_\_\_\_\_

**15. Acupuncture Education: List below the acupuncture school(s) you attended. Attach additional sheets as necessary. An original transcript, with signature and the registrar's official seal, is required to be sent directly to the NCALB from each school that is listed. (If the transcript does not specify the number of classroom hours of didactic or clinical instruction, you must request your school to send information to the NCALB that indicates the number of classroom hours.)**

Name of School \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_

\_\_\_\_\_

Dates Attended (from/to) \_\_\_\_\_

Degree Awarded \_\_\_\_\_

Name of School \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_

Dates Attended (from/to) \_\_\_\_\_

Degree Awarded \_\_\_\_\_

16. List other states and countries in which you are currently or have been licensed, registered, or otherwise allowed to practice acupuncture. Please have those state licensure boards report *directly* to the NCALB of your licensure in good standing.

State/Country	License No.	Original Date Issued	Date Expired

17. List other states and countries in which you are or were licensed, registered or otherwise allowed to practice a healing art other than acupuncture, such as nursing, medicine, chiropractic, dentistry, etc.

State/Country	License No.	License Type	Original Date Issued	Date Expired

18. List acupuncture licensure and certification examinations you have taken previously. (Include the NCCA written exam of point location skills [PEPLS], the CCAOM [formerly NCASC] CNT/Practical exam, and state and foreign licensure exams). *Please note: NCCAOM Acupuncture Certification exam includes the Acupuncture Module, the Foundations of Oriental Medicine Module and the Biomedicine Module. Applicants must pass all three modules plus the Point Location Module. Please have the NCCAOM send *directly* to the Board verification of passing these modules.*

Name of Exam	Location	Date	Pass/Fail	Score

19. Answer questions A through N below. If you answer “YES” to any of the questions, provide information in the space below each question. Make sure that you describe the circumstances and your role completely. Attach additional sheets as necessary to describe other incidents or to provide further information.

**A. Has any malpractice claim been made against you in the last ten years (whether or not a lawsuit was filed in relation to the claim)?**

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

**If yes provide the following information:**

**Claimant (or case) name** \_\_\_\_\_

**Incident date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **Patient Name** \_\_\_\_\_

**Court and docket number (if applicable)** \_\_\_\_\_

**Description of claim and the outcome** \_\_\_\_\_

**B. Have you been denied the right to participate or enroll in any system whereby a third party pays all or part of the patient's bill (do not include insurance companies which routinely do not cover acupuncture treatment)?**

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

**If yes provide the following information:**

**Name of third party organization** \_\_\_\_\_

**Reason for denial** \_\_\_\_\_

\_\_\_\_\_

**C. Have you applied for acupuncture licensure or sat for an examination, or have taken an examination, under a different name in North Carolina or elsewhere?**

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

**If yes provide the following information:**

**Organization granting licensure or giving examination** \_\_\_\_\_

**Name Used** \_\_\_\_\_

**Reason for using another name** \_\_\_\_\_

**D. Have you been denied the privilege of taking or finishing an examination or been accused of cheating and/or improper conduct during an examination since you enrolled in college?**

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

If yes, school or organization offering the examination \_\_\_\_\_

Charge made against you and action taken \_\_\_\_\_

\_\_\_\_\_

**E. Have you been denied an acupuncture license in North Carolina or elsewhere for any reason?**

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

If yes please provide the following information:

Location \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_

Reason that licensure was denied \_\_\_\_\_

\_\_\_\_\_

**F. Have you had employment or appointment in a hospital, clinic or other health care facility suspended, or resigned from a health care facility in lieu of being subject to a disciplinary action?**

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

If yes please provide the following information:

Name of health care facility \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_

Action taken by you or against you \_\_\_\_\_

\_\_\_\_\_

Reason for action \_\_\_\_\_

\_\_\_\_\_

**G. Are any formal disciplinary charges pending or has any disciplinary action been taken against you by any acupuncture or medical board, any other governmental authority, any health care facility, or any professional acupuncture association, whether international, national, state or local?**

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

**If yes provide the following information:**

**Organization initiating action** \_\_\_\_\_

**Date** \_\_\_ / \_\_\_ / \_\_\_\_\_

**Type and duration of action** \_\_\_\_\_

\_\_\_\_\_

**Reason why action was taken** \_\_\_\_\_

\_\_\_\_\_

**H. Have you voluntarily surrendered a license to practice acupuncture or the healing art?**

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

**If yes provide the following information:**

**Location** \_\_\_\_\_

**Date** \_\_\_ / \_\_\_ / \_\_\_\_\_

**Reason that licensure was surrendered?** \_\_\_\_\_

\_\_\_\_\_

**I. Have you withdrawn an application for acupuncture licensure, national certification as an acupuncturist, or employment or appointment in a hospital or other health care facility?**

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

**If yes provide the following information:**

**Type of application** \_\_\_\_\_

**Date** \_\_\_ / \_\_\_ / \_\_\_\_\_

**Name and location of organization** \_\_\_\_\_

\_\_\_\_\_

**Reason for withdrawing the application** \_\_\_\_\_

**J. Have you, at any time, been a defendant in any criminal proceeding other than a minor traffic violation?**

\_\_\_\_\_ YES      \_\_\_\_\_ NO

If yes, provide the following information, and please arrange for the submission of certified copies of the indictment, complaint and judgement or other disposition of any criminal proceedings in which you were a defendant.

Court \_\_\_\_\_

Charge \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_\_\_

Incident description \_\_\_\_\_

\_\_\_\_\_

- K. Have you had a professional license in a field other than acupuncture that has been revoked, suspended or otherwise terminated on disciplinary grounds, or are there any disciplinary actions currently pending against you in relation to any professional license you possess?**

\_\_\_\_\_ YES      \_\_\_\_\_ NO

If yes provide the following information:

Type of license \_\_\_\_\_

Organization which granted the license \_\_\_\_\_

Action taken or pending \_\_\_\_\_

Reason for action \_\_\_\_\_

- L. Have you had an emotional disturbance or mental illness, which impaired your ability to practice acupuncture or to function as an acupuncture student?**

\_\_\_\_\_ YES      \_\_\_\_\_ NO

If yes provide the following information:

Organization treating condition \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_\_\_

Person responsible for treatment \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

**M. Have you had an organic illness, which has impaired your ability to practice acupuncture or function as an acupuncture student?**

\_\_\_\_\_ **YES**                      \_\_\_\_\_ **NO**

**If yes, provide the following information:**

**Organization treating condition** \_\_\_\_\_

**Date** \_\_\_ / \_\_\_ / \_\_\_\_\_

**Person responsible for treatment** \_\_\_\_\_

**Phone ( \_\_\_\_\_ )** \_\_\_\_\_

**Address** \_\_\_\_\_

**Type of condition and treatment** \_\_\_\_\_

**N. Are you now, or have you been in the past, dependent upon alcohol or drugs?**

\_\_\_\_\_ **YES**                      \_\_\_\_\_ **NO**

**If yes, provide the following information:**

**Organization treating condition** \_\_\_\_\_

**Date** \_\_\_ / \_\_\_ / \_\_\_\_\_

**Person responsible for treatment** \_\_\_\_\_

**Phone ( \_\_\_\_\_ )** \_\_\_\_\_

**Address** \_\_\_\_\_

**Type of condition and treatment** \_\_\_\_\_

**(Note on parts L, M, and N: The harm that befalls acupuncturists and patients alike when impairment goes undetected and untreated is devastating. The NCALB wants impaired acupuncturists treated in the early stages of impairment before irreparable harm to the acupuncturist or patient.)**

**20. Statement of applicant**

*(Note: The applicant must sign this statement in the presence of a notary public)*

**I hereby certify under penalty of perjury under the laws of the state of North Carolina that all statements made in this application , photographs included in this application, and all information submitted in connection with this application are true in every respect, and that misstatements and omissions of material facts may be cause for denial of this application, or for suspension or revocation of a license or other disciplinary action appropriate.**

**I hereby testify that I have read the rules and regulations governing acupuncture in North Carolina**

**I hereby authorize all hospitals, institutions, organizations, my references, personal physicians, employers and all government agencies and instrumentalities (local, state, federal, and foreign), to release to the North Carolina Acupuncture Licensing Board any information, files or records requested by the Licensing Board.**

Date \_\_\_ / \_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_

**FOR NOTARY PUBLIC**

**Certification and Notarization**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The undersigned, being first duly sworn, hereby certifies that all information contained herein (including any attachments hereto) is true, complete and correct to the best of his/her knowledge and belief.

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

\_\_\_\_\_  
Date

Sworn to (or affirmed) and subscribed before me,  
this \_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

My commission expires: \_\_\_\_\_.

**(NOTARY STAMP OR SEAL)**

**CCAOM (formerly NCASC) CNT Practical Course Score Verification**

This form is not necessary if your NCCAOM certifying examination included the CNT practical and written examination.

**Attention Applicant:** If you previously took the CNT/Practical course through CCAOM, please complete the portion of this form above the dotted line, and mail this form along with a check for \$15 to:

COUNCIL OF COLLEGES OF ACUPUNCTURE AND ORIENTAL MEDICINE  
**CNT COURSE**  
**600 Wyndhurst Avenue**  
**Suite 112**  
**Baltimore, MD 21210**

Telephone: 410-464-6040

Print Clearly

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

I authorize the Council of Colleges of Acupuncture and Oriental Medicine to release to the North Carolina Acupuncture Licensing Board all information requested below.

\_\_\_\_\_  
Applicant's Signature Date

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(DO NOT DETACH)

**Attention CCAOM: Please** complete this form below the dotted line, and mail to:

NC Acupuncture Licensing Board  
PO Box 10686  
Raleigh, NC 27605

I, \_\_\_\_\_, \_\_\_\_\_,  
(Name) (Title)

of the Council of Colleges of Acupuncture and Oriental Medicine, attest that the above named acupuncturist passed the CCAOM CNT/Practical course on \_\_\_\_\_.  
(Date)

(Seal) \_\_\_\_\_  
(Signature) (Date)

# MORAL CHARACTER STATEMENT

*ATTENTION APPLICANT:* This form should be given to a person other than a relative who has known you for a minimum of three years (preferably an acupuncturist).

Please print or type:

I, \_\_\_\_\_ have known \_\_\_\_\_  
\_\_\_\_\_ for a period of \_\_\_\_\_ years and  
know him or her to be of good moral character.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Complete Address: \_\_\_\_\_  
\_\_\_\_\_

Day Telephone Number \_\_\_\_\_

**ATTENTION APPLICANT'S CHARACTER REFERENCE**

**Please return this statement directly to:**  
Paola Learoyd  
North Carolina Acupuncture Licensing Board  
PO Box 10686  
Raleigh, NC 27605

**THIS FORM IS NOT VALID IF MAILED DIRECTLY FROM THE APPLICANT**

**This form must accompany any documents that have been translated.**

**AFFIDAVIT OF TRANSLATOR**

**The Affiant, being duly sworn and under oath as shown below, states as follows:**

**1) That I, \_\_\_\_\_ have undertaken the translation of the**  
**(Name of Translator)**  
**Following document in support of the application of**  
**\_\_\_\_\_.**

**(Name of Applicant)**

**for a license to practice acupuncture:**

**a) \_\_\_\_\_**

**b) \_\_\_\_\_**

**c) \_\_\_\_\_**

**2) That the Applicant and I are not the same person**

**3) That I am competent in both \_\_\_\_\_ (language of submitted**  
**document(s) and the English Language; and**

**4) That the translation presented is a true and complete translation of the foreign**  
**language original.**

**Certification and Notarization**

**STATE OF \_\_\_\_\_**  
**COUNTY OF \_\_\_\_\_**

**The undersigned, being first duly sworn, hereby certifies that all information contained herein (including any**  
**attachments hereto) is true, complete and correct to the best of his/her knowledge and belief.**

\_\_\_\_\_  
**Signature of Translator**

\_\_\_\_\_  
**Date**

**Sworn to (or affirmed) and subscribed before me,**  
**this \_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.**

\_\_\_\_\_  
**Signature of Notary Public**

\_\_\_\_\_  
**Printed Name of Notary Public**

**My commission expires: \_\_\_\_\_.**

**(NOTARY STAMP OR SEAL)**