

# NORTH CAROLINA ACUPUNCTURE LICENSE REINSTATEMENT APPLICATION

TYPE OR PRINT THE FOLLOWING INFORMATION

Preferred Address Check One

\_\_\_\_\_ Home

\_\_\_\_\_ Work

LAST NAME (Name as it appears on license)      FIRST      MIDDLE      TITLE(S)

HOME ADDRESS (include Apt. #., PO Box #., & Zip Code)      check here if this is new address \_\_\_\_\_

WORK ADDRESS (include name of business please)      check here if this is new address \_\_\_\_\_

HOME TELEPHONE      WORK TELEPHONE      FAX

LICENSE NUMBER      EXPIRATION DATE      EMAIL

FOR OFFICE USE ONLY

\_\_\_\_\_ Reinstatement of license APPROVED

\_\_\_\_\_ Reinstatement of license DENIED

\_\_\_\_\_ Reinstatement of License PENDING

**\*\*INITIAL EACH ITEM\*\***

\_\_\_\_\_ I understand the requirements for reinstatement of my license and that the NCALB will deposit my check, however this does *not* guarantee, nor imply my license reinstatement.

\_\_\_\_\_ A list of completed programs is attached. Number of hours completed

\_\_\_\_\_ Nothing has occurred that would prohibit the renewal of my license, pursuant to G.S. 90-456. If you can't initial this item, attach an explanation on a separate sheet of paper. Please see "Statement of Applicant-Reinstatement" Form

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.**

I have read and I understand the requirements for licensure and I certify that all the information provided in this application is correct and true to the best of my knowledge. I understand that the falsification of any statement or document will result in the revocation of my North Carolina acupuncture license.

**Signature**

**Date**

**INSTRUCTIONS:**

- **Fill in the current personal information**
- **Attach the appropriate supporting information**
- **Enclose any fees**
- **Sign and date the request**
- **Complete, sign and have notarized the Statement of Applicant- Reinstatement**
- **Make a copy for your files**
- **Mail to:**

**NC Acupuncture Licensing Board  
Post Office Box 10686  
Raleigh, NC 27605**

**LATE RENEWAL OF LICENSE**

If a license renewal is not received by the expiration date, then the license is automatically placed in an expired status and a late fee is required.

**FEES**

- **Renewal of Biennial License .....\$300.00**
- **Duplicate wall certificate fee .....\$ 50.00**
- **Late fee for reinstatement of expired license.....\$ 200.00**
- **Returned Check Fee.....\$ 40.00**

## **21 NCAC 01 .0201 RENEWAL OF LICENSURE**

The procedure and requirements for renewal of license are as follows:

- (1) Biennial Renewal. A licensee must renew his or her license by the second July 1 following initial licensure and thereafter renew his or her license prior to expiration every two years.
- (2) Continuing Education. An applicant for license renewal shall verify on a form prepared by the Board that the licensee has completed the required continuing education units, the number of units completed, and a list of those programs completed. The licensee must retain such receipts, vouchers or certificates as may be necessary to document completion of the continuing education units required. An applicant must retain records to establish that the applicant has fulfilled the educational requirements set by the Board.
- (3) Fees. The licensee must pay the renewal fee prescribed in Rule .0103 of this Chapter.
- (4) Suspended license. The holder of a suspended license must meet the prescribed renewal requirements or the license shall expire.
- (5) Expired license. He or she must not practice acupuncture with an expired license. Failure to receive notification that the license has expired during this period does not relieve the holder of an expired license of the responsibility of meeting the continuing education requirements that would have been required if the license had continued to be in effect. These continuing education units will not apply to the renewal requirements for the subsequent renewal period. To renew an expired license the applicant must file the approved application, submit proof of completion of continuing education, and pay the renewal late fee resulting from the expired license as well as the required renewal fee.

History Note: Authority G.S. 90-455;  
Eff. December 1, 1995;  
Amended Eff. August 1, 2007.

## **21 NCAC 01 .0301 STANDARDS FOR CONTINUING EDUCATION**

- (a) Applicants for license renewal shall complete 40 Continuing Education Units (CEU) every two years. One CEU is defined as one contact hour or 50 minutes.
- (b) All CEUs shall be completed during the two calendar years immediately preceding the:
  - (1) License renewal date, or
  - (2) Date on which the license renewal is approved by the Board.
- (c) The following requirements shall apply to the total number of CEUs submitted by a licensee for license renewal:
  - (1) A minimum of 25 CEUs must be obtained from formally organized courses which have content relating to the scope of practice of acupuncture as defined by G.S. 90-451(3). Each course shall be sponsored or approved by one or more of the following organizations or their successor organizations:
    - (A) National Acupuncture and Oriental Medicine Alliance (NAOMA);
    - (B) Association of Acupuncture and Oriental Medicine (AAOM);
    - (C) Council of Colleges of Acupuncture and Oriental Medicine (CCAOM);
    - (D) Acupuncture Schools Accredited By or in Candidacy Status with the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM);
    - (E) National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM);
    - (F) National Academy of Acupuncture and Oriental Medicine (NAAOM);
    - (G) Society for Acupuncture Research;
    - (H) National Acupuncture Detoxification Association;
    - (I) American Academy of Medical Acupuncture (AAMA);
    - (J) The acupuncture licensing board of another State;
    - (K) North Carolina Association of Acupuncture and Oriental Medicine (NCAAOM);
    - (L) American Heart Association; or
    - (M) American Red Cross.
  - (2) A maximum of 15 CEUs may be obtained from teaching acupuncture diagnosis and treatment. All CEUs for teaching shall be approved by the Board prior to the date of the class and awarded for actual classroom hours taught pursuant to this Rule. For approval the licensee shall submit the following information:
    - (A) Title of the course;
    - (B) Summary of course content or class syllabus;
    - (C) Location of the class;
    - (D) Dates of the class;
    - (E) Number of classroom hours taught; and
    - (F) Copy of course evaluation to be provided students.
- (d) A course submitted to the Board for credit as CEUs shall be formally organized. A formally organized course shall consist of the following:
  - (1) A record of attendance maintained on file by the sponsor of the course. This record shall be made available to the Board upon request;
  - (2) For a course taught by an instructor who is required by the State to hold a credential to practice in the field which is the subject of the course, the credential of that instructor shall be in good standing and any instructor shall be competent to teach his or her designated course by virtue of his or her education, training, and experience;
  - (3) The course shall have stated course objectives and a course syllabus or a description of the content of the course with a class outline;
  - (4) The course shall be evaluated by each participant; and

- (5) Upon completion of each course the provider shall issue a certificate of completion to each participant to include:
- (A) Title of the course;
  - (B) Name of participant;
  - (C) Name of all instructors;
  - (D) Name of provider;
  - (E) Date and location of the course; and
  - (F) Number of CEU's completed.
- (e) CEUs from any given course may be used to satisfy the requirements of only one biennium.
- (f) At the time of license renewal, each licensee shall sign a statement under penalty of perjury indicating the licensee has complied with the continuing education requirements.
- (g) Each licensee shall retain for four years records of all continuing education programs attended, indicating:
- (1) title of the course or program;
  - (2) sponsoring organization or individual;
  - (3) accrediting organization; and
  - (4) course hours in attendance.
- (h) The Board may audit the records of any licensee. No licensee shall be subject to audit more than once every two years. Those licensees selected for audit shall be required to document their compliance with the continuing education requirements of this article.
- (i) Failure to comply with the continuing education requirements shall prohibit license renewal and result in the license reverting to an expired status at the end of the renewal period.
- (j) It shall constitute unprofessional conduct for a licensee to misrepresent completion of required CEUs. In the event of misrepresentation, disciplinary proceedings may be initiated by the Board.
- (k) A maximum of 20 CEUs may be obtained for correspondence or on-line courses.
- (l) All applications for pre-approval must be submitted 60 days prior to the date of the course.
- (m) A licensee may apply to the Board for an extension of time as set out in G.S. 90-457.1.

History Note: Authority G.S. 90-454; 90-457.1;  
Eff. July 1, 1995;  
Temporary Amendment Eff. January 26, 1996;  
Temporary Amendment Expired November 11, 1996;  
Amended Eff. August 1, 2007; August 1, 2002.  
*Amended Eff. August 1, 2002.*

**STATEMENT OF APPLICANT – REINSTATEMENT**

I, \_\_\_\_\_ am fully aware that my license to practice acupuncture  
(NAME)

expired on \_\_\_\_\_. I ceased practicing acupuncture on \_\_\_\_\_.  
(DATE) (DATE)

Below please provide a written explanation as to what your involvement with the practice of acupuncture has been since your license expired.

**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)



