



LICENSURE APPLICATION

PREFERRED ADDRESS <input type="checkbox"/> HOME <input type="checkbox"/> WORK
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Please Type or Print the Following Information

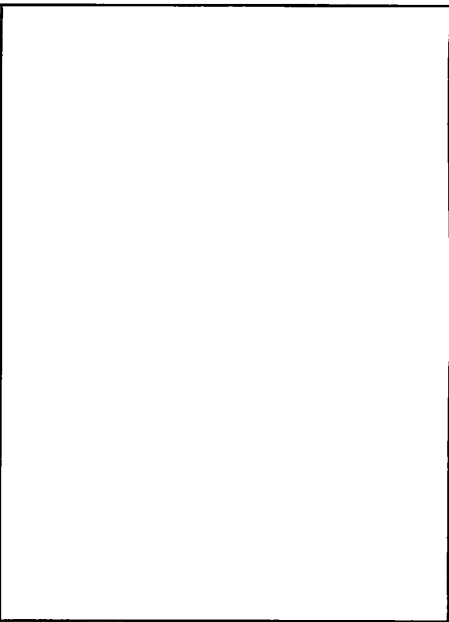
1.				
NAME	LAST	FIRST	MIDDLE	TITLE(S)
2.				
NAME	LAST	FIRST	MIDDLE	TITLE(S)
Name as it is written in Chinese, Korean, or other Foreign Language. (This is required of applicants who submit documents with their names written in a foreign language).				
3.				
NAME	LAST	FIRST	MIDDLE	TITLE(S)
Name as you wish it to appear on your license				
4.				
NAME	LAST	FIRST	MIDDLE	TITLE(S)
Other names you have been known by				
5.				
MAILING ADDRESS (Include Apt. No., PO Box., and Zip Code)				County
EMAIL ADDRESS				
6.				
HOME ADDRESS				
7.				
PRINCIPAL BUSINESS ADDRESS (include name of business if applicable)				
8.				
DAYTIME TELEPHONE (include area code)		HOME TELEPHONE (include area code)		
9.	10.			
DATE OF BIRTH		PLACE OF BIRTH (City, State, Country)		

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 to answer any question where there is insufficient space to answer.

If you have any questions about what is required of you, please 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 licensure has not been granted after one year, you must submit a new application.

11. Photographs

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



12. My physical description is as follows:

Height:	feet	inches	Sex:	Color of eyes:	
Weight:	pounds		<input type="checkbox"/> Male <input type="checkbox"/> Female	Color of hair:	

13. 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:		

14. ACUPUNCTURE EDUCATION:

List below the acupuncture school(s) you attended. Attach additional sheets as necessary.

An original transcript is required to be sent directly to the NCALB from each school that is listed.

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. 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

16. 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, massage, medicine, chiropractic, dentistry, etc.

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

17. List acupuncture licensure and certification examinations you have taken previously. (Include the NCCAOM written exam of point location skills, the CCAOM 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

18. Answer questions A through N below. If you answer "YES" to any of the questions, provide information on a separate sheet of 8.5" x 11" paper. 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.	__ YES __ NO	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)?	<p><i>If yes provide the following information:</i></p> <ul style="list-style-type: none"> • Claimant (or case) name • Incident date • Patient Name • Court and docket number (if applicable) • Description of claim and the outcome
B.	__ YES __ NO	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)?	<p><i>If yes provide the following information:</i></p> <ul style="list-style-type: none"> • Name of third party organization • Reason for denial
C.	__ YES __ NO	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?	<p><i>If yes provide the following information:</i></p> <ul style="list-style-type: none"> • Organization granting licensure or giving examination • Name Used • Reason for using another name
D.	__ YES __ NO	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?	<p><i>If yes provide the following information:</i></p> <ul style="list-style-type: none"> • School or organization offering the examination • Charge made against you and action taken

E.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you been denied an acupuncture license in North Carolina or elsewhere for any reason?	<i>If yes provide the following information:</i> <ul style="list-style-type: none"> • Location, Date and Reason that licensure was denied.
F.	<input type="checkbox"/> YES <input type="checkbox"/> NO	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?	<i>If yes provide the following information:</i> <ul style="list-style-type: none"> • Name and Address of health care facility • Date and Action taken by you or against you • Reason for action
G.	<input type="checkbox"/> YES <input type="checkbox"/> NO	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?	<i>If yes provide the following information:</i> <ul style="list-style-type: none"> • Organization initiating action • Date • Type and duration of action • Reason why action was taken
H.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you voluntarily surrendered a license to practice acupuncture or health related profession?	<i>If yes provide the following information:</i> <ul style="list-style-type: none"> • Location and Date • Reason that licensure was surrendered?
I.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you withdrawn an application for acupuncture licensure, national certification as an acupuncturist?	<i>If yes provide the following information:</i> <ul style="list-style-type: none"> • Type of application and Date • Name and location of organization • Reason for withdrawing the application
J.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you, at any time, been a defendant in any criminal proceedings?	<i>If yes provide the following information:</i> <ul style="list-style-type: none"> • Arrange for the submission of certified copies of the indictment, complaint and judgment or other disposition of any criminal proceedings in which you were a defendant. • Charge, Court and Date • Incident description
K.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you had a professional license or other professional credential 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?	<i>If yes provide the following information:</i> <ul style="list-style-type: none"> • Type of license • Organization which granted the license • Action taken or pending • Reason for action
L.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you had an emotional disturbance or mental illness, which impaired your ability to practice acupuncture or to function as an acupuncture student?	<i>If yes provide the following information:</i> <ul style="list-style-type: none"> • Date • Organization or person responsible for treatment, • Address and phone number
M.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have an illness or physical disability (for example, legally blind, hearing impaired) which could impair your ability to practice acupuncture or function as an acupuncture student?	<i>If yes provide the following information:</i> <ul style="list-style-type: none"> • Type of condition and treatment • Date • Organization or person responsible for treatment • Address and phone number
N.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you now, or have you been in the past, dependent upon or abused alcohol or drugs?	<i>If yes provide the following information:</i> <ul style="list-style-type: none"> • Type of condition and treatment • Date • Organization or person responsible for treatment • Address and phone number

(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.)

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 and consent to be governed by these standards.

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.

Signature: _____ Date: ____/____/____

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 _____, 20____.

Signature of Notary Public

Printed Name of Notary Public

My commission expires: _____

(NOTARY STAMP OR SEAL)

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: _____

FOR NOTARY PUBLIC Certification and Notarization	
STATE OF _____	
COUNTY OF _____	
I certify that the following person personally appeared before me this day, acknowledging to me that he or she signed the foregoing document:.	
_____ Signature of Principal	_____ Date
Sworn to (or affirmed) and subscribed before me, this ____ day of _____, 20____.	
_____ Signature of Notary Public	
_____ Printed Name of Notary Public	
My commission expires: _____	
<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">(NOTARY STAMP OR SEAL)</div>	

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(s) 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.

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 Translator

Date

Sworn to (or affirmed) and subscribed before me,
this ____ day of _____, 20____.

Signature of Notary Public

Printed Name of Notary Public

My commission expires: _____

(NOTARY STAMP OR SEAL)