



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BOARD OF ACUPUNCTURE LICENSING  
STATE OFFICE PARK SOUTH  
129 PLEASANT STREET, BROWN BUILDING, CONCORD, NH 03301  
603-271-0853 FAX: 603-271-5590 TDD Access: 1-800-735-2964  
[nhbal.info@dhhs.state.nh.us](mailto:nhbal.info@dhhs.state.nh.us) [www.nh.gov/acupuncture](http://www.nh.gov/acupuncture)

Nicholas A. Toumpas  
Commissioner

Mary Castelli  
Senior Division Director

Dear Applicant:

Thank you for your interest in practicing acupuncture in New Hampshire. This packet contains all of the materials you need to complete your application for licensure.

### **Acupuncture Laws and Regulations**

RSA328-G and Acp 100-600, the statute and administrative rules which govern the practice of acupuncture in New Hampshire, can be located on the State of NH website: [www.state.nh.us](http://www.state.nh.us). You may also contact our office at the above address, telephone or fax number to purchase a copy.

### **Requirements for Licensure**

Before applying for an acupuncture license, you should determine that you meet the qualifications. Section RSA 328-G: 9, II spells out the requirements for licensure. The requirements are as follows:

The applicant must:

- be at least 21 years old;
- have current, active NCCAOM certification through examination or Credentials Documentation Review;
- prove completion of a NCCAOM approved Clean Needle Technique course;
- be of good moral character;
- hold a baccalaureate, RN, or PA degree from an accredited institution **or** meet the waiver requirements spelled out in the "Application for Waiver of Degree" form (enclosed);
- have completed a post-secondary acupuncture college program which was ACAOM approved or in candidacy on the date the applicant graduated, **or** meet the waiver requirements spelled out in the "Waiver of Standard Acupuncture Education Requirement" form (enclosed); and
- pay the required fees and file with the Board the official application for licensure.

### **General Guidelines for License Application**

Read through the application carefully. Please note that since there are different paths leading to licensure some sections of the application will apply to you and some won't. **Be sure to mark the sections that do not apply to you with "N/A" (not applicable) since applications that are incomplete will be returned to the applicant.** Also, be sure to send back all additional forms which apply, **including the completed check-off list.** Lastly, enclose your check or money order for the application/license fee.

### **Timetable for Action on Applications**

Your application for licensure will be considered on file with the Board on the date when the Board has received a fully completed application form **including** all supporting documentation, and the check sent with the application has been deposited and cleared. If you enclose a stamped, self-addressed business envelope, you will be notified of the date your application is considered to be on file.

From the file date (described above), the Board must act on your application within 120 days. If the Board should require additional information or documentation to clarify your application or materials related to your application, the Board will request it within 60 days of the file date. When additional information is received, the Board will again have up to 120 days to act on your application.

### **Approval or Denial of Licensure**

If your application is approved, you will be issued a license, which will expire two years from the date of issue.

If your application is denied, you will have an opportunity to request a hearing for reconsideration on the deficiency issues identified by the Board. You must file such a request within 30 days of the Board's notification of denial. In the case of a denial, your application/licensure fee, minus the \$75 nonrefundable portion, will be refunded.

If you have any questions regarding these instructions, please call (603) 271-0853 or write to the address above.

Although this letter outlines the statutory timetable limitations by which the board must operate, the board generally meets quarterly, and applications will be reviewed at each meeting. The Board will review your application at the first meeting that occurs after your application is completed and on file. It is your responsibility to make sure that all supporting materials are on file. Please feel free to call our office to ask if materials have arrived, although it is up to you to follow up with schools, agencies etc. to have these materials mailed on time.

Sincerely,

**New Hampshire Board of Acupuncture Licensing**

**Board of Acupuncture Licensing**  
**Department of Health and Human Services**  
**Office of Operations Support**  
**129 Pleasant Street, Brown Building**  
**Concord, NH 03301-3857**  
**(603) 271-0853**

**Application for Licensure**

Instructions: All applicants for licensure are required to fill out this application. Please type or print clearly in black ink 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" by 11" paper if there is insufficient space to answer a question. Make a copy of your completed application for your own records. Return the application to the address above along with all other required materials and a check or money order for \$275.00 payable to "Treasurer, State of NH." This includes a \$75.00 nonrefundable application fee.

1. **Legal 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. Other names you have been known by or are known by (this is required of applicants who submit documents with other than their legal name). Please state the reason for any name change.  
\_\_\_\_\_  
Last First Middle  
Reason for change: \_\_\_\_\_

4. **Date of Birth** \_\_\_\_\_  
Month Day Year

5. **Gender:** \_\_\_\_\_ Male \_\_\_\_\_ Female

6. **Address:** \_\_\_\_\_  
Street, PO Box, Apt # City/Town State Zip Code

**Mailing**

7. **Address:** \_\_\_\_\_  
Street, PO Box, Apt # City/Town State Zip Code

**Business**

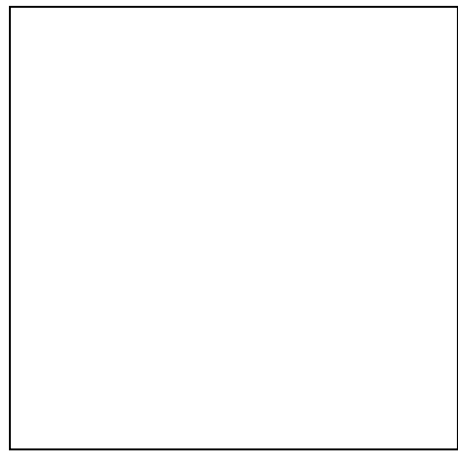
8. **Address:** \_\_\_\_\_  
Street, PO Box, Apt # City/Town State Zip Code

**Other Bus.**

**Addresses:** \_\_\_\_\_  
Street, PO Box, Apt # City/Town State Zip Code

9. **Telephone Numbers** **Home:** \_\_\_\_\_ **Business(es)** \_\_\_\_\_

10. In the box to the right please staple one 2" x 2" passport quality photograph taken within 90 days of the date on the application. Write or type your name on the back of the photograph.



11. **Undergraduate Education. YOU MUST CHECK ONE OF THE FOLLOWING THREE OPTIONS:**

**I received an undergraduate, RN, or PA degree from within the United States.** (Fill in the information requested below the dotted line.)

NOTE: This information must be supported by the following documentation:

- Official transcripts sent directly from the college or university which granted the undergraduate degree; **or**
- Your original diploma.

**I received an undergraduate, RN, or PA degree from outside the United States, from an institution that is approved by the government of that country.** (Fill in the information requested below the dotted line.)

NOTE: This information must be supported by the following documentation:

- Transcripts in English received directly from the foreign institutions showing courses completed, dates attended, and type of diploma awarded.

**I did not complete an undergraduate degree and I am applying for a waiver of the undergraduate degree requirement.**

NOTE: You are required to submit a completed "Request for Waiver of Undergraduate Degree Requirement" form (which is included in the application packet) and all required supporting documents for the waiver.

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List below all the colleges or universities you attended, even if you did not graduate. (Attach additional sheets as necessary.)

Name of school \_\_\_\_\_

Complete mailing address \_\_\_\_\_

Dates attended (from/to) \_\_\_\_\_ Degree awarded? \_\_\_\_ yes \_\_\_\_ no

If yes, what degree? \_\_\_\_\_

Name of school \_\_\_\_\_

Complete mailing address \_\_\_\_\_

Dates attended (from/to) \_\_\_\_\_ Degree awarded? \_\_\_\_ yes \_\_\_\_ no

If yes, what degree? \_\_\_\_\_

12. **Acupuncture Education.** The standard education requirement for licensure in NH is successful completion of a post-secondary acupuncture college program that was ACAOM accredited or in candidacy status for accreditation on the date you graduated. However, if your acupuncture education was received at a school that was not ACAOM accredited or in candidacy status on the date you graduated **OR** if you received your acupuncture education in an apprenticeship, you **MAY** qualify for a waiver of this requirement.

**YOU MUST CHECK ONE OF THE FOLLOWING TWO OPTIONS**

**I received my acupuncture education from a post-secondary acupuncture college program that was ACAOM accredited or in candidacy status for accreditation on the date I graduated.** (If you have any question about the accreditation status of your school at the time you graduated, call your school for clarification.)

Fill in the information requested below the dotted line. **NOTE:** You must arrange to have original transcripts from each acupuncture school attended sent directly to the Board.

**I did not graduate from an acupuncture school that was ACAOM accredited or in candidacy status on the date I graduated, and I am applying for a waiver of the Acupuncture education requirement.**

**NOTE:** You are required to submit a completed "Request for Waiver of the Standard Acupuncture Education Requirement" form (which is included in the application packet.)

.....

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

Name of school \_\_\_\_\_

Complete mailing address \_\_\_\_\_

Dates attended (from/to) \_\_\_\_\_ Date of graduation \_\_\_\_\_

Degree, certificate, diploma, etc. awarded: \_\_\_\_\_

Name of school \_\_\_\_\_

Complete mailing address \_\_\_\_\_

Dates attended (from/to) \_\_\_\_\_ Date of graduation \_\_\_\_\_

Degree, certificate, diploma, etc. awarded: \_\_\_\_\_

13. (A) List other states and countries in which you are currently licensed, or otherwise allowed to practice acupuncture. **NOTE:** You must send an "Out of State Verification of Acupuncture Licensure" form (enclosed) to each state in which you are currently licensed. Each state must return the form directly to the NH Board of Acupuncture Licensing.

State or Country	License No.	Issue Date	Expiration Date
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(B) List all states in which you have been licensed to practice acupuncture in the past.

State or Country	License No.	Issue Date	Expiration Date
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(C) 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.

Type of Profession	State or Country	License No.	Issue Date	Expiration Date
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14. **NCCAOM Certification:**

Date of initial certification: \_\_\_\_\_

Date current certification expires: \_\_\_\_\_

Current certification is for:  Acupuncture only  Acupuncture and Herbal Medicine-Oriental Medicine

**NOTE:** NCCAOM certification is a requirement for licensure. Verification of certification must be sent directly from the NCCAOM. Use the "NCCAOM Certification Verification" form (enclosed).

15. **Clean Needle Technique Practical Course:**

Have you taken and passed the CNT practical exam?  (YES)  (NO)

**NOTE:** Successful completion of the CNT practical course is a requirement for NH licensure and must be verified directly from the NCCAOM or the CCAOM. The NCCAOM can verify completion of the CNT for its diplomats since it is a requirement of certification. For most applicants the NCCAOM Certification Verification form (enclosed) will be sufficient, however if you were certified through Credentials Documentation Review (CDR), you may not have taken the CNT practical course. In such a case, you must contact the council of Colleges of Acupuncture and Oriental Medicine at (301) 608-9175 to arrange to take the CNT. After completion of the CNT, request the CCAOM to send verification of completion directly to the NH Board of Acupuncture Licensing.

16. **Moral Character Statement:**

List below the names, addresses, and telephone numbers of three people, not related to you, who have known you for at least three years and who will attest to your moral character. One of the three must be an actively licensed acupuncturist.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

NOTE: Send a "Moral Character Statement" form (enclosed) to each person listed above and have him/her return it directly to the Board.

17. Check "yes" or "no" to questions A through H below. Any "yes" response must be fully explained by written statement on separate sheets of paper as needed, signed, and dated, and enclosed with your application. Make sure that you describe the circumstances and your role completely, and include place, dates involved, a detailed description of the issue, and how it was or is being resolved. Attach additional 8.5" by 11" sheets as necessary to describe other incidents or to provide further information. **NOTE:** A "yes" answer does not automatically constitute grounds for denying a license, but it is essential that the circumstances be explained truthfully and in detail.

A. Has any malpractice claim ever been made against you, regardless of whether a lawsuit was filed in relation to the claim?  Yes  No

B. Have you ever been denied an acupuncture license/certificate/registration anywhere for any reason?  Yes  No

C. 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

D. Are any formal disciplinary charges pending or has any disciplinary action been taken against you by any acupuncture or medical board, any health care facility, or any professional acupuncture association, whether international, national, state or local?  Yes  No

E. Have you ever voluntarily surrendered a license to practice acupuncture or other healing art in lieu of facing disciplinary action?  Yes  No

F. Have you, at any time, been convicted of a crime involving violence, abuse, fraud, dishonesty, or drugs?  Yes  No

G. 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 hold or have held?  Yes  No

H. Have you had an emotional disturbance or mental illness, an organic illness, or an addictive disorder that impaired your ability to practice acupuncture or to function as an acupuncture student? (If so, describe treatment and outcome of treatment.)  Yes  No

#### 18. Statement of applicant

I hereby certify that all statements made in this application and all information and documentation submitted in connection with this application are, to the best of my knowledge, true, accurate, complete, and unaltered. I understand 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 appropriate disciplinary action.

In the case that my application is approved and an acupuncture license is issued to me, I hereby agree to comply with all statutes, rules, and regulations pertaining to the acupuncture in New Hampshire.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**OUT OF STATE VERIFICATION OF ACUPUNCTURE LICENSURE**

**TO APPLICANT:** You are required to send this form to each state in which you are currently licensed or registered to practice acupuncture. We suggest that you contact the state to find out the fee you will be charged for this service before you send the form. Make copies of this form if you are licensed in more than one state. Complete the portion of this form **above** the dotted line. Leave the rest of the form blank. Do not detach.

I authorize the release of any information in your files, favorable or otherwise, directly to the New Hampshire Board of Acupuncture Licensing.

Signature: \_\_\_\_\_ License Number \_\_\_\_\_

Name: \_\_\_\_\_

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

.....  
(Do not detach)

**TO STATE ACUPUNCTURE OR MEDICAL LICENSING BOARD:** Please provide the information requested below (using the reverse side of this form if needed) and return this form directly to:

New Hampshire Board of Acupuncture Licensing  
Department of Health & Human Services  
Division of Operations Support  
129 Pleasant Street, Brown Bldg.  
Concord, NH 03301-3857

State of: \_\_\_\_\_

Full name of licensee: \_\_\_\_\_

Type of license: \_\_\_\_\_ License Number: \_\_\_\_\_

Issue date: \_\_\_/\_\_\_/\_\_\_      Expiration date: \_\_\_/\_\_\_/\_\_\_      Is license currently active? \_\_\_ Yes \_\_\_ No

(1) Has license been suspended or revoked? \_\_\_ If "yes", why? \_\_\_\_\_

(2) Has licensee ever been on probation? \_\_\_ If "yes", why? \_\_\_\_\_

(3) Is the license currently in good standing? \_\_\_ If "no", please explain. \_\_\_\_\_

(4) Any additional comments or information? \_\_\_\_\_

Signed: \_\_\_\_\_

*(Affix Seal)*

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**REQUEST FOR WAIVER OF UNDERGRADUATE DEGREE REQUIREMENT**

Please sign the following statement:

I, \_\_\_\_\_, have a current, valid acupuncture license from the state of \_\_\_\_\_ whose requirements for licensure are substantively equal to or exceed the requirements of NH RSA 328-G.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** The above information must be verified directly from the state involved on an "Out of State Verification of Acupuncture Licensure" form.

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**An applicant applying for a waiver of the degree requirement must prove an accumulation of at least 40 points in one or more of the following categories:**

- Two points for each 3 credit hours at an accredited post-secondary institution, verified by original transcripts from all colleges attended;
- Five points for each year the applicant has held a valid acupuncture license in another state, verified directly from the state or states involved;
- Five points for each semester of teaching acupuncture or acting as a clinical supervisor in an acupuncture school which is ACAOM accredited or in candidacy, verified by documentation directly from those schools.

Fill in the appropriate information. (Attach additional sheets as necessary.)

**College Credits:** List colleges attended below:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates attended: \_\_\_\_\_ Number of credit hours: \_\_\_\_\_  
**# credit hours** \_\_\_\_\_ **divided by 3=** \_\_\_\_\_ **x 2=** \_\_\_\_\_ **Total points accumulated**

**Acupuncture Licensure:**

Name of State: \_\_\_\_\_ Dates of licensure: \_\_\_\_\_  
**# of years licensed** \_\_\_\_\_ **x 5=** \_\_\_\_\_ **Total points accumulated**

**Teaching or Supervising:**

Name of school: \_\_\_\_\_  
Position held: \_\_\_\_\_ Dates: \_\_\_\_\_  
Number of semesters: \_\_\_\_\_  
**# of semesters teaching or supervising** \_\_\_\_\_ **x 5=** \_\_\_\_\_ **Total points accumulated**

**GRAND TOTAL** from college credits \_\_\_\_\_ + licensure \_\_\_\_\_ + teaching \_\_\_\_\_ = \_\_\_\_\_

**NOTE:** The applicant is required to arrange for all supporting documentation to be sent directly to the New Hampshire Board of Acupuncture Licensing.

# REQUEST FOR WAIVER OF THE STANDARD ACUPUNCTURE EDUCATION REQUIREMENT

ATTENTION APPLICANT: The Board of Acupuncture Licensing will grant a waiver of the standard acupuncture requirement **ONLY IF** an applicant meets the requirements of 1, 2 **AND** 3 below. Please fill out **all applicable pages** of the following form completely. Type or print legibly in black ink.

## 1. CURRENT LICENSURE

Check here if licensure in your state is called by another term such as registration or certification \_\_\_\_\_.  
Please sign the following statement:

**I, \_\_\_\_\_, have a current, valid, active acupuncture license in good standing from the state of \_\_\_\_\_ whose requirements for licensure are substantively equal to or exceed the requirements of NH RSA 328-G. I have held that license for \_\_\_\_\_ years.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** The above information must be verified directly from the state involved on an "Out of State Verification of Acupuncture Licensure" form.

## 2. ANATOMY AND PHYSIOLOGY REQUIREMENT

List below the accredited college or university at which you have completed at least a 6-credit anatomy and physiology course.

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

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

Dates Attended: \_\_\_\_\_

**NOTE:** This section must be supported by an official transcript sent directly from the school to the NH Board of Acupuncture Licensing.

## 3. ACUPUNCTURE EDUCATION: You **MUST** choose one of the following routes of eligibility (A or B):

A. \_\_\_\_ My acupuncture education has consisted of training through an apprenticeship program. (If you check this section, go directly to the part of this form called **Apprenticeship Route** and determine whether you meet the qualifications of this route.)

**OR**

B. \_\_\_\_ My acupuncture education has consisted of formal education in an acupuncture school that was NOT ACAOM accredited at the time of my graduation **AND** years of practicing, teaching, supervising and/or writing published material about acupuncture. (If you check this section, go directly to the part of this form called **Formal Schooling and Professional Experience Route** and determine whether or not you meet the qualifications of this route.)



## **FORMAL SCHOOLING AND PROFESSIONAL EXPERIENCE ROUTE**

**In order to qualify for a waiver based on the Formal Schooling and Professional Experience Route, the following conditions, as stated in the Administrative Rules of the New Hampshire Board of Acupuncture Licensing, Acp 302.05 (b) (2), must be met:**

If the applicant has received acupuncture education at a school or college that is not ACAOM approved or in candidacy at the time of the applicant's graduation, a waiver shall be granted by the board if the applicant accrues 60 points based on the following point schedule:

**a. An applicant shall accrue 10 points for each completed school year, up to a total maximum of 30 points, spent in a formal acupuncture program provided that:**

1. The applicant has graduated from that program; and
2. The graduation from that program is verified by a transcript directly from that program or school;

**b. An applicant shall accrue 10 points for each year of acupuncture practice, up to a total maximum of 50 points, provided that:**

1. The applicant had a minimum of 500 patient visits per year;
2. The applicant's practice in that year was at least 70% general health care; and
3. The applicant supplies the board with the following documentation:
  - (i) Dates and location of practice; and
  - (ii) At least 2 of the following:
    - i. Original letters from employers specifying dates and hours worked, and number of visits;
    - ii. Written statements from a minimum of 20 patients, with current phone numbers and addresses for each, specifying the time period of treatment;
    - iii. Written statements from at least 2 other health care professional, state or local acupuncture or oriental medicine professional associations, schools or colleges with convincing testimony based on personal knowledge regarding the dates, volume, and scope of practice; or
    - iv. Written statements from at least 2 other respected members within the community with convincing testimony based on personal knowledge regarding the dates, volume, and scope of practice; or

**c. An applicant may accumulate additional points, up to a total maximum of 20 points, in the following categories:**

1. An applicant shall accrue 2 points per semester for primary teaching responsibility of an acupuncture course provided that:
  - (i) The course is taught at a board approved school or college as set forth in Acp 303.01; and
  - (ii) The primary teaching responsibility is verified directly from the school;
2. An applicant shall accrue 2 points per semester for primary supervising responsibility of a clinic course or rotation provided that:

- (i) The clinic course or rotation is taught at a board approved acupuncture school or college; and
  - (ii) The primary supervising responsibility is verified directly from the school; and/or
3. An applicant may accrue 2 points per published article about acupuncture or oriental medicine provided:
- (i) The article is published in a nationally or internationally recognized professional journal or publication; and
  - (ii) It is documented by a copy of the article.

**Compute below the 60 or more points you have accumulated from the above list.**

a. # of school years in acupuncture program from which you graduated = \_\_\_\_\_ x 10 = \_\_\_\_\_

**Total points or maximum 30 points allowed in this category = \_\_\_\_\_**

b. # of years of acupuncture practice properly documented = \_\_\_\_\_ x 10 = \_\_\_\_\_

**Total points or maximum 50 points allowed in this category = \_\_\_\_\_**

c. # of semesters qualified > > > teaching = \_\_\_\_\_ x 2 = \_\_\_\_\_  
 > > > supervising = \_\_\_\_\_ x 2 = \_\_\_\_\_  
 # of professional articles published = \_\_\_\_\_ x 2 = \_\_\_\_\_

**Total points or maximum 20 points allowed in this category = \_\_\_\_\_**

**GRAND TOTAL of points from a. \_\_\_\_\_ + b. \_\_\_\_\_ + c. \_\_\_\_\_ = \_\_\_\_\_ (60 points needed)**

**NOTE:** You must submit with your application all the appropriate verification of the claims you have made in this section.



**CHECK OFF LIST**

**ATTENTION APPLICANT: Fill out both sides of this form and return it with your application.**

Make a copy of the check off list for your own records in case you need to re-contact any parties regarding your application documentation.

**I have enclosed the following:**

- \_\_\_ Completed Check Off List
- \_\_\_ Completed application with photo attached at Question 10.
- \_\_\_ Check or money order for \$275.00 made payable to: "Treasurer, State of New Hampshire" \$75.00 of which is a nonrefundable application fee.
- \_\_\_ A stamped, self-addressed business envelope.

\_\_\_ Original college diploma \_\_\_\_\_ Not Applicable (N/A)  
*Note: You may send an original diploma or request original transcripts sent directly from the degree granting undergraduate institution. If you choose to send an original diploma, please include a self-addressed envelope of the proper size for return of the document **OR** indicate that you would prefer to arrange to pick up this document and it will be held in your file until you make such an arrangement.*

- \_\_\_ Waiver forms if necessary:
- \_\_\_ Request for Waiver of Undergraduate Degree Requirement \_\_\_\_\_ N/A
  - \_\_\_ Request for Waiver of the Standard Acupuncture Education Requirement \_\_\_\_\_ N/A

**I HAVE REQUESTED THAT THE FOLLOWING DOCUMENTATION BE SENT DIRECTLY TO THE NH BOARD OF ACUPUNCTURE LICENSING:**

**The following items are required of all applicants and must be sent directly from that institution or person:**

\_\_\_ Original transcripts from **all** acupuncture schools attended:

<u>Names of schools contacted:</u>	<u>Date request made:</u>
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_ Three (3) Moral Character Statement forms from:

<u>Names of references:</u>	<u>Date request made:</u>
_____	_____
_____	_____
_____	_____

\_\_\_ NCCAOM Certification Verification form Date request made: \_\_\_\_\_

\_\_\_ Verification of Clean Needle Technique course completion from CCAOM \_\_\_\_\_ N/A  
Date request made: \_\_\_\_\_

**NOTE:** This documentation is required only if your NCCAOM certification verification does **not** verify CNT completion.

**Undergraduate Degree Options, you must provide one of these:**

\_\_\_\_ Original transcripts from **US undergraduate degree granting institution** \_\_\_\_\_ N/A  
NOTE: *Needed to prove college graduation unless the original diploma is submitted above.*  
Names of schools contacted: \_\_\_\_\_ Date request made: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Transcripts (in English) from **non-US undergraduate institutions** \_\_\_\_\_ N/A  
NOTE: *This documentation is necessary for applicants whose undergraduate degree is from a college outside the US.*  
Names of schools contacted: \_\_\_\_\_ Date request made: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If applying for a Waiver of Undergraduate Degree Requirement:** \_\_\_\_\_ N/A

\_\_\_\_ Original transcripts from US undergraduate institutions to verify credit hours  
NOTE: *This is required for a waiver of the undergraduate degree requirement.*  
Names of schools contacted: \_\_\_\_\_ Date request made: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Verification of semesters spent teaching or clinically supervising acupuncture \_\_\_\_\_ N/A  
NOTE: *This is an **option** for applicants asking for a waiver of the undergraduate degree requirement.*  
Names of schools contacted: \_\_\_\_\_ Date request made: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If applying for a Waiver of Standard Acupuncture Education:** \_\_\_\_\_ N/A

\_\_\_\_ Original transcript from accredited college or university to prove completion of the Anatomy & Physiology requirement.  
Names of schools contacted: \_\_\_\_\_ Date request made: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Proper supporting documentation as required on the Apprenticeship Route form; *or*  
\_\_\_\_ Proper supporting documentation as required on the Formal Education and Professional Experience Route form

**Required of all currently or previously licensed acupuncturists:** \_\_\_\_\_ N/A  
(This is also a *requirement* for a Waiver of Standard Acupuncture Education, and an *option* for Waiver of Undergraduate Degree Requirement):

\_\_\_\_ Out of State Verification of Acupuncture Licensure Form  
Names of states contacted: \_\_\_\_\_ Date request made: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_