



**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 03301-3857
603- 271-0853 FAX: 603-271-5590 TDD Access: 1-800-735-2964
nhbal.info@dhhs.state.nh.us www.nh.gov/acupuncture**

Nicholas A. Toumpas
Commissioner

Mary Castelli
Senior Division Director

Dear Licensee:

Enclosed is an application for renewal of your acupuncture license. Please fill it out completely and legibly. Return it to the above address together with payment of \$225.00 total (of which \$25.00 is a nonrefundable application fee). **Please read this letter carefully, so your application will be done correctly.**

Your application is **due** and must be received here **at least 30 days PRIOR** to your actual license expiration date. The 30 days processing time is needed by our office, and if there are problems with your application or CEU, this give you time to correct it before your license expires. Applications received later than that date may result in **temporary SUSPENSION** of your right to practice acupuncture until you can be renewed.

Failure to submit your renewal application by your ACTUAL license expiration date **will** result in the **TERMINATION** of your licensure. You will have to reapply for a new license based on any new requirements at the time.

Continuing education activities must be completed by the date of license expiration, unless an extension has been applied for ahead of time and granted by the Board. During the extension period a licensee may NOT practice acupuncture from the expiration date until the CEU are submitted and the renewal approved.

NH does not have many restrictions on CEU. Please note that NCCAOM now does have many restrictions. You must keep your NCCAOM Certification status renewed as current every 4 years to stay licensed in NH.

You must include proof of CEU classes or Professional Development Activities (PDA) as follows:

- For **CEU courses**, send a **photocopy of the CEU certificate**.
- For PDA please see the enclosed sheet on what is needed as proof for various activities.

Only a wallet-sized card will be reissued with your updated license expiration date. This must be used in conjunction with your original wall certificate (which is required to be permanently displayed in your primary office, and a photocopy displayed in all secondary practice locations).

If you have any questions about the renewal application process please contact this office at (603) 271-0853.

Sincerely,

A handwritten signature in cursive script that reads "Karla Renaud".

Karla Renaud, Chair
New Hampshire Board of Acupuncture Licensing

LICENSE RENEWAL tips on CEU and PDA

PROVIDE PROOF OF CEU OR PDA:

-For **CEU courses**, send a **photocopy of the CEU certificate**. It should have date, teacher/sponsor, #CEU hours, approving board or organization for CEU (ie. NCCAOM provider number, or NESAs, or NHAAOM).

-For **teaching or clinic supervising** (only allowed if taught at formal acupuncture schools, or valid formal apprenticeship programs, or an approved[see* below] independent CEU seminar you teach):

A copy of your teaching contract, or a letter from the school on letterhead, which must specify the course/clinic titles and credit hours taught/supervised. Preparation time, even if paid, does not count as teaching. Only actual classroom hours teaching or actual hours supervising in the school clinic (which cannot be more than the # of credit hours of the course to students at the school) are allowed.

-A copy of the **book or article** authored by you that was **published** (by publishing company with ISBN).

-A letter from the senior acupuncturist under whom you did **supervised clinical experience** in acupuncture/oriental medicine, stating the dates and times as well as the type of clinical experience you did (case discussion/consultation, observation of patient treatments, supervised practice, etc.). 1 hour = 1.5 PDA

Note: If you want NCCAOM to count this, the supervisor must be NCCAOM diplomate of at least 5 years.

-Documentation of valid **research** with a letter from the institution under which you performed the research, stating the dates and activities performed, with total number of hours of research specified.

GENERAL INFO:

-**Courses on business, management, insurance billing and practice building will NOT count as CEU in NH (even if NCCAOM accepts these for your NCCAOM recertification).**

-Allowed CEU are **only** those specifically reviewed and ***approved by the NHBAL itself ahead of time** by application of the instructor, **or** approved by another **organization that the NHBAL automatically accepts**. These are NCCAOM, AAAOM, state professional associations, other state licensing boards, or CEU courses taught at ACAOM-accredited acupuncture and oriental medicine schools, or at accredited colleges and universities. **Courses offered by anyone else might not count**. For example, you can take qigong or homeopathy as allowed topics, but if that instructor did not apply to this board for approval ahead of time; or get approval from NCCAOM; or teach the course at NESAs, or a state/national professional association conference, then it won't count. **Courses and instructors must be reviewed and approved**.

-For Professional Development Activities, please note that **giving talks/demonstrations to the public does NOT count** as teaching PDA, as this is done to promote your practice or the general knowledge of acupuncture to the public or other health professionals who are not acupuncturists.

-Having a **student observer or assistant in your office** (even if a school requires them to do observing hours) **does NOT count** as PDA. This is not official teaching or clinic supervision, since it is at your regular office practice and you were not hired and paid to teach a class or clinic at a school. Supervising a formal apprenticeship following NCCAOM guidelines is allowed.

If you are unsure about any topic or board approval for a CEU course, it is better to call the NHBAL ahead of time, instead of coming up short at your renewal time because some of your CEU or PDA are invalid. **You must stop practicing on your expiration date until you earn more CEU or PDA, and after you submit them, wait until you receive your renewed license to begin practicing again**. If you have questions about CEU or PDA, the Guidebook you received with your initial license should be of help. For further information, you may also refer to the copy of the New Hampshire Code of Administrative Rules (Chapter Acp 400), which was sent to you when you became a licensee, and which is available online nh.gov/acupuncture/

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
nhbal.info@dhhs.state.nh.us
www.nh.gov/acupuncture

Application for License Renewal

Instructions: All applicants for licensure renewal are required to fill out this application. Please type or print clearly in black ink and complete all of the questions. 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 \$225.00 payable to "Treasurer, State of NH." This includes a \$25.00 nonrefundable application fee. **The application must be submitted no later than 30 days prior to the date of license expiration.**

*You are required by law to provide current updated business address to the NH Board of Acupuncture Licensing. Please review your personal and business information below and make any changes needed.

License #: _____ **Expiration:** _____

***Review your personal and business information below and make changes if necessary:**

NAME:

Last	First	MI

HOME ADDRESS (used to mail license & Board communications):

Street & Number/PO Box	Street & Number/PO Box	
City/Town	State	Zip Code

Phone: _____ **E-Mail:** _____

PRINCIPAL BUSINESS ADDRESS:

Name of Business/Street & Number/PO Box	Street & Number/PO Box	
City/Town	State	Zip Code

Phone: _____ **E-Mail:** _____

ADDRESSES OF ALL OTHER PLACES OF BUSINESS:

2. **PLEASE ANSWER THE FOLLOWING QUESTIONS.** Check “yes” or “no” to questions A through H below regarding the previous 2 year period. 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 for renewal. 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. A “yes” answer does not automatically constitute grounds for denying a license renewal, but it is essential that the circumstances be explained truthfully and in detail.

- A. Has any malpractice claim been made against you regardless of whether a lawsuit was filed in relation to the claim? ___ YES ___ NO
- B. Have you 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 voluntarily surrendered a license to practice acupuncture or other healing art in lieu of facing disciplinary action? ___ YES ___ NO
- F. Have you 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 which impaired your ability to practice acupuncture or to function as an acupuncture student? (If so, describe treatment and outcome of treatment.) ___ (YES) ___ (NO)

3. **CONTINUING EDUCATION REQUIREMENTS:**

Terms: CEU = continuing education units. PDA = professional development activities

List below courses or professional activities, equivalent to thirty (30) continuing education units, which you have completed for the two-year period beginning with the date of your last New Hampshire licensure. (Attach additional page if necessary.)

NOTE: you must include copies of the documentation that supports those CEUs.

NOTE: You may carry over CEUs earned in excess of 30 to the next 2 year period ONLY.

New Hampshire Board of Acupuncture Licensing Code of Administrative Rules section Acp 402.01:

- (a) Each licensee shall complete 30 board approved units of PDAs for each 2 year renewal period
- (b) Any units in excess of the 30 unit requirement earned during a 2 year renewal period shall be applied to fulfill the continuing education requirement of the following renewal period.
- (c) Any excess PDAs carried forward under Acp 402.01 (b) shall not be carried forward into subsequent biennia.

COURSES with approved CONTINUING EDUCATION UNITS

Be sure to list sponsoring institution or state board approving the activity for CEUs.

Refer to the New Hampshire Board of Acupuncture Licensing Code of Administrative Rules 402.04 and 402.05 requirements for approval of continuing education courses.

<u>Course Title & Subject</u>	<u>Dates</u>	<u>Instructor</u>	<u>Sponsor / Approving Board</u>	<u># of CEU's</u>

PROFESSIONAL DEVELOPMENT ACTIVITIES

Research, publication, teaching, supervising a clinic, supervised observation or practice, etc.

Refer to the New Hampshire Board of Acupuncture Licensing Code of Administrative Rules 402.03 for acceptable professional activities and the points earned for each activity.

Type of activity Dates Institution/Publisher # of PDAs

Total from above CURRENT 2 year period course CEUs: _____ and PDAs: _____ = _____.

If over 30, points in excess you will carry over to NEXT 2 year period = _____.

If under 30, you have not met the requirement, or you will need to use excess points from PREVIOUS 2 year period.

If you have any, list here _____ . Total current & previous = _____.

4. CURRENT PRACTICE:

Are you currently actively practicing acupuncture in New Hampshire? _____ (YES) _____ (NO)

Are you currently actively practicing acupuncture in another state? _____ (YES) _____ (NO)

5. NCCAOM CERTIFICATION:

I affirm that I am currently NCCAOM certified. _____
Signature

NOTE: Your certification status with the NCCAOM is either Active or Inactive. ACTIVE STATUS requires that you have practiced Acupuncture with at least 250 patient visits completed in twelve (12) consecutive months over the past four (4) years; it also requires that you have earned sixty (60) or more Professional Activity points in the preceding four years.

If you do not have enough patient visits or PDAs as described above, the NCCAOM allows an INACTIVE STATUS for a maximum of two (2) years.

Do you hold **active** NCCAOM status? _____ Yes _____ No

If yes, please give expiration date: _____

Do you hold **inactive** NCCAOM status? _____ Yes _____ No

If yes, please give dates and explanation: _____

6. STATEMENT OF APPLICANT:

I have complied with the continuing education requirements of NH acupuncture licensure renewal and have attached appropriate proof of such.

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.

Signature: _____ Date: _____

NH Acupuncture License Number: ACP _____