

\*\*\*FOR OFFICE USE ONLY\*\*\*

**Acupuncture Checklist**

- Endorsement       Examination
- App. & Fee
- Date: \_\_\_\_\_ Check \_\_\_\_\_
- Birth Certificate/Legal Entry
- Photo
- Graduate Transcript
- Exam Results from National Commiss.
- Reference Letters:
  - 2 from Doctors of Acupuncture
  - 1 Other
- Lic. Verification from other States
- SSN



**Rhode Island**

**Office of Health Professionals Regulation - Acupuncture**

Room 104  
 3 Capitol Hill  
 Providence, RI 02908-5097

\*\*\*FOR OFFICE USE ONLY\*\*\*

Application Approved:

License Number:

Issue Date:

Signature of Board Administrator

ID#:

Receipt #:

License # \_\_\_\_\_  
 Name \_\_\_\_\_

***Instructions and Application For  
License As An***

- Acupuncturist
- Acupuncturist Assistant

**By**

- Examination**
- Endorsement**

*Applicant - Print Name (First/MI/Last)*

# GENERAL INFORMATION

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## Enclosures

The following materials and information should be enclosed within this application packet:

Application Process Overview.....	3
Instructions for Completing Application.....	4
Application Materials	
Application.....	5-8
Application Checklist.....	9
Interstate Verification Form - Other State Licensure.....	10

## Eligibility

- An applicant for licensure must meet the eligibility requirements. Refer to **Section 3.0** of the Rules and Regulations entitled “**Qualifications for Licensure**” (see link below).

## Licensure Requirements

- Fee of **\$310.00** for Acupuncturist or Acupuncturist Assistant.
- Recent passport type photograph (2” X 2” head and shoulder view).
- Birth certificate (**original or a copy notarized as being a true copy of the original**), or if born outside the United States, proof of citizenship or lawful alien status, (**original or a copy notarized as being a true copy of the original**).
- Official Graduate transcript sent directly from the school of acupuncture to the Office of Health Professionals Regulation (no student copies accepted). **IMPORTANT:** The college must translate total number of “UNITS” to total number of **HOURS**. **If your transcript includes total number of units, you must ask for a separate letter from the college, which translates total number of units to HOURS.** A minimum of 36 months and 2,500 hours of training is required.
- Completed and passed the “National Commission for the Certification of Acupuncture and Oriental Medicine” (NCCAOM) certification process and examination. Certification and examination results must be **sent directly** from the NCCAOM to the Office of Health Professionals Regulation.

You must have a passing grade on all of the following modules of NCCAOM exam:

- Point location module
- Foundation of Oriental Medicine
- Biomedicine module
- Acupuncture module
- Three (3) statements of good moral character letters from two (2) licensed or registered Doctors of Acupuncture. Must be in original form, signed and dated.

## Endorsement Candidates

- All Requirements listed above.
- License verification(s) sent directly from the state(s) in which applicant holds or has held a license (use Interstate Verification Form for this purpose on page 10).

# APPLICATION PROCESS OVERVIEW

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## **Rules and Regulations/Laws**

To obtain the Rules and Regulations for your profession visit the A-Z list on the Topics & Programs page at the following web site. From the list click on the letter for your profession.

<http://www.health.ri.gov/atoz/>

Title 5, Chapter 37.2, entitled: The Healing Art of Acupuncture can be downloaded at the following web site:

<http://www.rilin.state.ri.us/Statutes/TITLE5/5-37.2/INDEX.HTM>

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation.

## **Application Process**

In addition to the application, you must submit additional information directly to HEALTH. ***All applicable items listed on the “Application Checklist”*** (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year, a new application must be submitted.

Please allow a minimum of 4-6 weeks for the entire licensure process to be completed. If you have a malpractice, criminal or disciplinary history in Rhode Island, or another state, it can take an additional 2 or 3 months to process your application.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 4 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the HEALTH office, in writing, if your address changes in the interim. Visit the following website to obtain a change of address form.

<http://www.health.ri.gov/forms/changeofaddress/professions.pdf>

***To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:***

<https://healthri.mylicense.com/Verification/>

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed for eligibility and approval.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the HEALTH staff at (401) 222-2828.

# INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

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Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

## **General Instructions**

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

## **Completing your Application**

1. Complete the application (pages 5-8). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Make check or money order (in U.S. funds only) for the application fee of **\$310.00** payable to **Rhode Island General Treasurer** and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee is NON-REFUNDABLE .
3. A completed official graduate transcript **sent directly** from an accredited institution to the Board at the address below. No student copies will be accepted.
4. Certification sent directly from the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM) to the Board at the address below.
5. License verification(s) sent directly from the state(s) in which applicant holds, or has held a license.
6. Mail the application and documentation to:

**Rhode Island Department of Health  
Office of Health Professionals Regulation  
Acupuncture Application - Room 104  
3 Capitol Hill  
Providence, RI 02908-5097**







### 13. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as an Acupuncturist/Acupuncturist Assistant in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Office of Health Professionals Regulation - Acupuncture of any change in the answers to these questions after this application/affidavit is signed.

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

\_\_\_\_\_  
Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as documentation and did / did not take an oath.

\_\_\_\_\_  
Name of Notary (Print, Type or Stamp)

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

\_\_\_\_\_  
Notary No/Commission No.

\_\_\_\_\_  
Commission Expiration Date (MM/DD/YY)

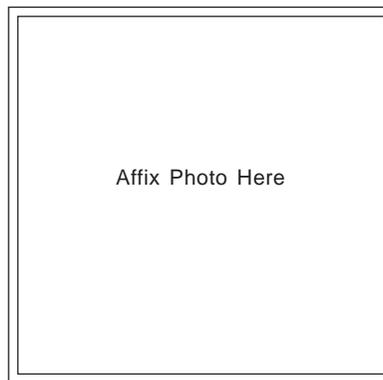
Notary Seal

### 14. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



Write your name on the back of the photograph, and provide the date that the photograph was taken.

\_\_\_\_\_  
Date of Photograph

# APPLICATION CHECKLIST

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Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

## **Board Application**

- I have read and understand the “Instructions for Completing the Application”.
- I have completed the Rhode Island Board application as instructed (pages 5-8).
- I have attached the cover page of the application.
- I have completed Section 13, “**Affidavit of Applicant**”, and had the form notarized by a notary public.
- I have attached a photograph to Section 14, “**Recent Photograph**” as instructed. I have verified that it meets the photograph requirements as stated in the application.
- I have attached a birth certificate (***original or a copy notarized as being a true copy of the original***), or if born outside the United States, proof of citizenship or lawful alien status, (***original or a copy notarized as being a true copy of the original***), and understand that submitted documents will not be returned.
- I have a **check or money order** (preferred), made payable (in U.S. funds only) to the: “**Rhode Island General Treasurer**” in the amount of **\$310.00** and attached it to the upper left-hand corner of the first (Top) page of the application.
- I have arranged my Board Application materials in the following order.
  1. Fee (attached as instructed).
  2. Board Application (including cover page) and pages 5-8.
  3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application **MUST** indicate the section for which the information is being reported.]
- I have mailed the above application materials directly to the Rhode Island Office of Health Professionals Regulation.

## **Other Documents**

- I have requested a school transcript and my NCCAOM certification as instructed.
- I have requested three (3) statements of good moral character be sent to the RI Office of Health Professionals Regulation.



# Rhode Island Office of Health Professionals Regulation - Acupuncture

Room 104, 3 Capitol Hill  
 Providence, RI 02908-5097  
 (401) 222-2828

## INTERSTATE VERIFICATION FORM - OTHER STATE LICENSURE

I am applying for a license to practice as a Doctor of Acupuncture/Acupuncture Assistant in the State of Rhode Island. The Rhode Island Office of Health Professionals Regulation requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Office at the above address.

Print/Type Full Name	Signature	Date
Previous Names Used	Social Security Number	Date of Birth
License Number	Date Issued	

**THIS SECTION TO BE COMPLETED BY THE ACUPUNCTURE OFFICE/BOARD**

Acupuncture Program Completed:	Location:	Graduation Date:
Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has completed and passed the NCCAOM Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No	
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued:	Expiration Date:

**Questions:**

1. Has this licensee ever been investigated by your Board?  Yes  No
2. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending?  Yes  No
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation?  Yes  No
4. Do you know of any information that may discredit this person?  Yes  No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

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**Certification:**

Signature	Date
Type or Print Name	
Title	
Full Name of Licensing Board	

Please Affix Board Seal Here

*Please return directly to the Board at the above address. Thank you for your prompt cooperation.*