

Regular Mailing Address
 STATE BOARD OF MEDICINE
 P.O. BOX 2649
 HARRISBURG, PA 17105-2649
 Email: st-medicine@pa.gov

Courier Delivery Address
 STATE BOARD OF MEDICINE
 2601 NORTH THIRD STREET
 HARRISBURG, PA 17110
 717-783-1400/717-787-2381

APPLICATION FOR REGISTRATION AS A PRACTITIONER OF ORIENTAL MEDICINE FOR CURRENT PENNSYLVANIA ACUPUNCTURE REGISTRATION HOLDERS

This application is for use **only under the State Board of Medicine**. To apply using this application, you must hold or have held a Pennsylvania acupuncturist registration. If a Practitioner of Oriental Medicine registration is issued to you, your acupuncturist registration will be reclassified to a POM. The Practitioner of Oriental Medicine registration will permit you to practice acupuncture and the use of supplemental techniques including herbal therapy. **PHYSICIAN ACUPUNCTURISTS** do not need to reapply for the Practitioner of Oriental Medicine registration. The use of drugs and other alternative methods, including the use of herbs, is covered under the jurisdiction of the unrestricted physician and surgeon license.

Submit the \$30.00 fee via check or money order, made payable to the "Commonwealth of Pennsylvania." **FEES ARE NOT REFUNDABLE**. Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt.

PLEASE NOTE: If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee. In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance.

The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. [Child Abuse Continuing Education Providers Information can be found here.](#)

METHODS OF APPLICATION MUST INCLUDE ONE OF THE FOLLOWING OPTIONS:

OPTION 1

Holds a license, registration or certification as a Practitioner of Oriental Medicine in another state or US territory and has completed a course and exam in Chinese Herbology or Oriental Medicine recognized by that state or US territory.

1. Complete pages 1 and 2 of the application and submit to the Board with the \$30 fee.
2. Contact the state board office(s) where you hold or ever held licensure/certification to practice as an acupuncturist or other health care provider and request letters of good standing. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Pennsylvania Board from each state board office in an official board envelope.
3. Contact the state board office(s) where you hold or ever held licensure/certification to practice as a practitioner of oriental medicine and request letters of good standing. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter of good standing must also specify that the license, registration or certification authorized you to practice as a practitioner of oriental medicine. **If it does not**, a separate letter of explanation will be needed from that state board. The letter(s) of good standing must be sent directly to the Board
4. Attach a current Curriculum Vitae listing **all** periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from acupuncture school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.

OPTION 2**Passed NCCAOM examination(s) in Chinese Herbology.**

1.	Complete pages 1 and 2 of the application and submit to the Board with the \$30 fee.
2.	Request NCCAOM to submit examination scores in Chinese Herbology directly to the Board office in a sealed, official envelope.
3.	Contact the state board office(s) where you hold or ever held licensure/certification to practice as an acupuncturist, practitioner of oriental medicine, or other health care provider and request letters of good standing. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
4.	Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from acupuncture school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.

OPTION 3**Licensure by Endorsement.**

1.	Complete pages 1 and 2 of the application and submit to the Board with the \$30 fee.
2.	Submit a detailed letter indicating why you feel you meet the requirements to hold registration as a Practitioner of Oriental Medicine. Include details of any studies that you completed in another country or any apprenticeships in which you have participated. Submit supporting documentation evidencing the completion of these studies. The Board retains the right to request primary source verification of any educational transcripts, training, etc.
3.	Contact the state board office(s) where you hold or ever held licensure/certification to practice as an acupuncturist, practitioner of oriental medicine, or other health care provider and request letters of good standing. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Pennsylvania Board.
4.	Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from acupuncture school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.
5.	Upon completion, your application will be scheduled to go before the full Board for review at the next available meeting.

Regular Mailing Address
STATE BOARD OF MEDICINE
 P.O. BOX 2649
 HARRISBURG, PA 17105-2649
 Email: st-medicine@pa.gov

Courier Delivery Address
STATE BOARD OF MEDICINE
 2601 NORTH THIRD STREET
 HARRISBURG, PA 17110
 717-783-1400/717-787-2381

**APPLICATION FOR REGISTRATION AS A
 PRACTITIONER OF ORIENTAL MEDICINE FOR
 CURRENT ACUPUNCTURE REGISTRATION HOLDERS**

Check the method by which you are applying for registration:

I hold a license, registration or certification as a Practitioner of Oriental Medicine in another state or US territory and have completed a course and exam in Chinese Herbology or Oriental Medicine recognized by this state or US territory. Please list the state or US territory in which you are basing this application method:

I successfully passed the NCCAOM examination in Chinese Herbology.

Licensure by Endorsement.

Submit the \$30.00 fee via check or money order, made payable to the "Commonwealth of Pennsylvania." **FEES ARE NOT REFUNDABLE.** Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt.

PLEASE NOTE: If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee. In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance.

TO BE COMPLETED BY APPLICANT

NAME:	Last:	First:	Middle:
ADDRESS:	Street:		
City:	State:	ZIP:	
DATE OF BIRTH:	Month	Day	Year
ACUPUNCTURE LICENSE NUMBER:	PHONE NUMBER:		
EMAIL ADDRESS:			

If your supporting documents are listed under another name or names, please list below:

Last

First

Middle

LEGAL QUESTIONS

You must answer the following questions. If you answer "YES" to #2 through #12, provide complete details on a separate sheet as well as certified copies of relevant documents.

		Yes	No
1	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, provide the profession and state or jurisdiction. LIST: _____		
2	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
3	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
4	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		
8	Have you had your DEA registration denied, revoked or restricted?		
9	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
10	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
11	Have you engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
12	Have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. **If you previously reported the complaint to the Board provide the docket number _____		

SIGNED STATEMENT

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). At the request of the Department of Human Services, the licensing boards must provide to the Department of Human Services information prescribed by the Department of Human Services about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. Section 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Applicant

Date

Printed Name of Applicant