

Regular Mailing Address STATE BOARD OF OSTEOPATHIC MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 Email: st-osteopathic@pa.gov	Courier Delivery Address STATE BOARD OF OSTEOPATHIC MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110 717-783-4858
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APPLICATION FOR INITIAL REGISTRATION AS AN ACUPUNCTURIST

This application is for use only under the State Board of Osteopathic Medicine.

Submit the \$30 fee via check or money order, made payable to the "Commonwealth of Pennsylvania." **FEES ARE NOT REFUNDABLE**. Note: A processing fee of \$20 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.

If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, naturalization, etc.).

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.

ACUPUNCTURIST REQUIREMENTS AND INSTRUCTIONS NON-PHYSICIAN APPLICANTS

EDUCATION:

You are required to have successfully completed an acupuncture program*, which includes a course in needle sterilization techniques. If the acupuncture educational program is located within the United States, the applicant must complete two academic years of acupuncture training **and** must complete two academic years of a college level educational program. If the acupuncture educational program is located **outside of the United States**, an applicant must graduate from a college with a program of study including Oriental Medicine **and** document 300 class hours of study in acupuncture training. *** The accrediting body recognized by the Board is the National Accreditation Commission for Schools and Colleges of Acupuncture and Oriental Medicine. A listing of approved programs can be downloaded from NACSCAOM at www.acaom.org.**

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.](#)

EXAMINATION: You are required to obtain a passing grade on an acupuncture examination or be certified by NCCAOM during 1985-86 via credential review. The Board accepts the passing grade on the certifying examination of the NCCAOM and accepts a passing grade on any state's acupuncture examination taken prior to January 1, 1987 as determined by the licensing or registering authority in the other state. If the examination was not taken in English, but is otherwise acceptable, and a passing score was secured, the Board will accept the examination results if the applicant has also secured a score of 550 on the Test of English as a Foreign Language (TOEFL).

1. Complete pages 1 and 2 of the application and submit to the Board with the \$30 fee.

2. Complete Section 1 of the Verification of Graduation from an Acupuncture Educational Program and forward to your acupuncture program. The acupuncture educational program must complete the Verification of Completion of an Acupuncture Educational Program form and submit an official transcript **directly** to the Board. If the official transcript does not provide detailed information regarding the courses attended from which the applicant's eligibility is determined, the Board retains the right to request a copy of the acupuncture school curriculum. **All documents must be in ENGLISH or an official translation must be submitted to the Board from an official translation agency or professor of the language.**

3.	*US graduate ONLY -Arrange for an official transcript verifying completion of two academic years of a college level educational program to be sent directly to the Board in a sealed, official school envelope.
4.	Request the NCCAOM or state Board office to submit the certifying examination scores directly to the Pennsylvania State Board of Medicine in a sealed, official envelope. The NCCAOM must also verify completion of the Clean Needle Technique Course. If the exam was not taken in English, arrange for TOEFL(Test of English as a Foreign Language) scores to be submitted directly to the Board in a sealed, official envelope.
5.	Provide proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing acupuncture services in the Commonwealth of Pennsylvania.
6.	Attach a Curriculum Vitae listing all periods of employment or unemployment (i.e. child rearing, research, etc.) from graduation from acupuncture school to date. The list must be in chronological order, include the month and year and indicate the state/territory in which the employment occurred.
7.	Contact the state board office(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation 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.
8.	Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," forward the entire report directly to the Board Office. <u>You should make a copy for your records.</u>

ACUPUNCTURIST REQUIREMENTS AND INSTRUCTIONS PHYSICIAN APPLICANTS

LICENSURE PREREQUISITE: You must possess a current, valid unrestricted license to practice osteopathic medicine in Pennsylvania.

EDUCATION: You are required to have completed at least 200 hours of training in acupuncture medical programs. An acupuncture medical program is an academic or clinical program of study in acupuncture which has been given *Category One continuing medical education credit* by an institution accredited or recognized by the *Accreditation Council on Continuing Medical Education* to conduct Category One continuing medical education courses. **A listing of approved programs can be downloaded from ACCME at www.accme.org.**

1.	Complete pages 1 and 2 of the application and submit to the Board with the \$30 fee.
2.	Submit copies of official certificates verifying completion of the required education. These copies must be notarized as being true copies of the originals.
3.	Provide proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing acupuncture services in the Commonwealth of Pennsylvania.
4.	Contact the state board office(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation 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. Note: If licensed by a Pennsylvania licensing board, you do not need to arrange for letters of good standing to be submitted. The Boards will automatically verify your license.
5.	Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," forward the entire report directly to the Board Office. <u>You should make a copy for your records.</u>
6.	Attach a Curriculum Vitae listing all periods of employment or unemployment (i.e. child rearing, research, etc.) from graduation from medical school to date. The list must be in chronological order, include the month and year and indicate the state/territory in which the employment occurred.

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PLEASE NOTE: If this application is not completed **within six months**, updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application (**another application processing fee**) and supporting documents, as necessary.

TO BE COMPLETED BY APPLICANT

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

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

Last

First

Middle

TO BE COMPLETED BY NON-PHYSICIAN APPLICANTS

NAME & ADDRESS OF ACUPUNCTURE PROGRAM	GRADUATION DATE			DEGREE AWARDED
	Month	Day	Year	
CHECK THE EXAMINATION YOU PASSED:	<input type="checkbox"/> NCCAOM		<input type="checkbox"/> STATE BOARD EXAM	

TO BE COMPLETED BY PHYSICIAN APPLICANTS

LICENSE NUMBER:		
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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. **Sign and date below.**

		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. Please do not abbreviate the profession.		
2.	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?		
3.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
4.	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?		
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 your DEA registration denied, revoked or restricted		
8.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
9.	Have you ever had practice privilege denied, revoked, suspended, or restricted by a hospital or any health care facility?		
10.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
11.	Do you currently engage in, or have you ever 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

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VERIFICATION OF COMPLETION OF AN ACUPUNCTURE EDUCATIONAL PROGRAM

SECTION 1: To be completed by applicant.

Name: _____
Last First Middle

Name of acupuncture school: _____

Location: _____

THE APPLICANT IS REQUIRED TO REQUEST THE SCHOOL TO COMPLETE THE VERIFICATION OF COMPLETION OF THE ACUPUNCTURE EDUCATIONAL PROGRAM. THE SCHOOL MUST ALSO SUBMIT AN OFFICIAL TRANSCRIPT THAT LISTS THE NUMBER OF HOURS IN EACH SUBJECT. ALL DOCUMENTS MUST BE FORWARDED DIRECTLY TO THE BOARD IN AN OFFICIAL SCHOOL ENVELOPE. ALL DOCUMENTS MUST BE IN ENGLISH OR AN OFFICIAL TRANSLATION WILL BE REQUIRED.

SECTION 2: To be completed by Dean or Registrar of acupuncture school.

Name of student: _____

Date student began to attend this school: _____
Month/Day/Year

Date of graduation: _____
Month/Day/Year

***If the applicant graduated from an Oriental Medicine program outside of the United States, please verify the number of class hours of study completed in acupuncture courses: _____**

[Seal of School]

I certify that all of the above information is correct.

Signature of
Dean or Registrar: _____

Date: _____

Upon completion, school must return this completed form directly to the Pennsylvania Board in a sealed, official school envelope. DO NOT RETURN TO APPLICANT.