

VERIFICATION OF LICENSE - ACUPUNCTURIST

Access this form via website at: cca.hawaii.gov/pvl

State of Hawaii
Board of Acupuncture
P.O. Box 3469
Honolulu, HI 96801

TO BE COMPLETED BY APPLICANT:

APPLICANT	Name (First-Middle)	(Last)	Social Security No.
	Address (Include apt. no., city, state & zip code)		License Number
			Date Issued
<p>I hereby authorize the licensing agency of _____ to furnish the information below to the State of Hawaii Board of Acupuncture.</p> <p style="text-align: center;">Date: _____ SIGN HERE _____</p>			

TO BE COMPLETED BY LICENSING AGENCY:

LICENSING AGENCY	<p>This is to certify that the above-named individual was issued license number _____ to practice as an acupuncturist:</p> <p>Date issued: _____</p> <p>Date license/certificate expires: _____</p> <p>License status: <input type="checkbox"/> current</p> <p> <input type="checkbox"/> lapsed since: _____</p> <p> <input type="checkbox"/> inactive since: _____</p> <p>Has this certificate ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>(Please explain "yes" response and attach copy of Board's order and related information.)</i></p> <p>Do your files contain any derogatory information on this applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>(Please explain "yes" response and attach copy of Board's order and related information.)</i></p> <p>COMMENTS:</p>
	<p>Signature: _____</p> <p>Title: _____</p> <p>State: _____</p> <p>Date: _____</p> <p style="text-align: right;"><i>BOARD SEAL</i></p>
<p><i>TO THE APPLICANT: Attach original with Board's seal to your application form <u>or</u> the licensing agency may send directly to the Board.</i></p>	

THIS FORM MAY BE DUPLICATED

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.