

# REQUIREMENTS & INSTRUCTIONS FOR FILING - ACUPUNCTURE INTERN PERMIT

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

## APPLICATION FORM

Type or print legibly in black ink. Complete all items. Failure to provide all the requested information will delay the processing of your application.

## FEE

**Attach** the \$50 application fee (non-refundable), made payable to: "COMMERCE AND CONSUMER AFFAIRS". (check must be in U.S. dollars and be from a U.S. financial institution.) Your application will not be processed without this fee.

**NOTE:** *One of the numerous legal requirements that you must meet in order for your new permit to be issued is the payment of fees as set forth in this application. You may be sent a certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required fee and your permit will not be valid, and you **may not** do business under that permit. Also, a \$25.00 service fee will be charged for checks which are returned by the bank.*

*If for any reason you are denied the permit you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a permit has been denied.*

## PROOF OF EDUCATION REQUIREMENT

Completion of at least three (3) semesters of instruction at an approved school.

**Submit** one of the following documents that verifies completion of at least three (3) semesters of instruction at an approved school:

- (1) Copy of diploma; or
- (2) Official transcript; or
- (3) Original letter from the dean or registrar of an approved school.

## PERMIT APPROVAL

Upon approval, the permit will allow the applicant to engage in the practice of acupuncture under the immediate supervision of a duly licensed acupuncturist in a school setting or in another setting for a period of four (4) years.

An acupuncture intern permit may be reissued once, for a period not to exceed one year, upon written request to the Board and payment of \$50 application fee (non-refundable).

The permit will be mailed to the applicant showing the effective and expiration dates.

## REPORT CHANGES

Report all changes to the information in your application immediately and in writing to the Board.

## VERIFICATION OF YOUR CLINICAL TRAINING

Have the school report the hours of clinical training on the official school transcript.

## SOCIAL SECURITY NUMBER

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued, you must provide your Social Security Number or your application will be deemed deficient and will not be processed further.** The following laws require that you furnish your Social Security Number to our agency:

### **FEDERAL LAWS:**

**42 U.S.C.A. §666(a)(13)** requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

### **HAWAII REVISED STATUTES ("HRS"):**

**§576D-13(j), HRS** requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

**§436B-10(4), HRS** which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

**ABANDONMENT  
OF APPLICATION**

Pursuant to HRS §436B-9, your application shall be considered abandoned and will be destroyed, if you fail to complete the license process within one year after filing an application or fail to take and pass the examination after becoming eligible to take the examination.

If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements at the time of the reapplication.

**LAWS & RULES**

To obtain a copy of the acupuncture laws (Chapter 436E, HRS) and rules (Title 16, Chapter 72, HAR), send a written request to: *Board of Acupuncture, Commerce & Consumer Affairs, P. O. Box 3469, Honolulu, HI 96801*. In addition, Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with the above statutes.

The laws and rules are also posted on our website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl). Click on "Acupuncture".

**ADDRESS OF  
BOARD**

Mailing address:	Board of Acupuncture DCCA, PVL Licensing Branch P. O. Box 3469 Honolulu, HI 96801	OR	Deliver to office location at: 335 Merchant Street Room 301 Honolulu, HI 96813
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Status of your application: You may write, or call the Licensing Branch at (808) 586-3000.  
Toll free voice access numbers for the neighbor islands:

Kauai - 274-3141 Ext. 6-3000	Lanai - 1-800-468-4644 Ext. 6-3000
Maui - 984-2400 Ext. 6-3000	Molokai - 1-800-468-4644 Ext. 6-3000
Hawaii - 974-4000 Ext. 6-3000	

**RELEASE OF  
INFORMATION**

If an agency or individual is assisting you with the registration process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on Release of Information to Third Party, sign, and date it.

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
 BOARD OF ACUPUNCTURE  
 P.O. Box 3469  
 Honolulu, Hawaii 96801

<b>APPLICATION FOR PERMIT - ACUPUNCTURE INTERN</b> <i>Type or print legibly in <b>black ink</b>.</i>				<b>FOR OFFICIAL USE ONLY</b>	Approved/denied	Date of Approval
Legal Name ( <i>First, Middle</i> )	<i>(Last)</i>	Effective	Expiration			
Residence Address ( <i>Include apt. no., city, state, zip code</i> ) - <b>REQUIRED</b>		Permit No.	Mailed			
Mailing Address ( <i>only if different from residence</i> )						
Other names used:						
Social Security No.	Date of Birth	Phone No. (days)	Email Address			
Name of school under which training will occur		Name of Acupuncturist who will provide immediate supervision		License No. <b>ACU-</b>		

Check answers & explain when needed:

1. Are you at least 18 years of age? .....  YES  NO
2. Are you a United States citizen, a United States national, or an alien authorized to work in the United States? .....  YES  NO
3. Are you actively enrolled in an accredited acupuncture program? .....  YES  NO
4. (a) Do you hold or have you ever held an acupuncture license or permit in this or any other jurisdiction? .....  YES  NO  
 If "yes" Jurisdiction: \_\_\_\_\_  
 License or Permit No. \_\_\_\_\_ Effective Date(s): \_\_\_\_\_
- (b) Was any license or permit ever revoked, suspended or otherwise subject to disciplinary action? .....  YES  NO  
 If "yes" Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Type of disciplinary action: \_\_\_\_\_
- (c) Are you presently being investigated or is any disciplinary action presently pending against you? .....  YES  NO  
 If "yes" Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Type of disciplinary action: \_\_\_\_\_
5. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? .....  YES  NO  
 If "yes" Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Type of conviction: \_\_\_\_\_

Attach copies of court documents and/or records pertaining to conviction, or documents pertaining to disciplinary action if you answered "yes" to questions 4 and 5, above.

Affidavit of Applicant:

I hereby certify that all answers and statements contained in this application are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of permit (Sec. 436E-10 and 436B-19, Hawaii Revised Statutes), and/or grounds for criminal prosecution (Sec. 710-1017, Hawaii Revised Statutes).

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

\_\_\_\_\_  
Date

**INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT. THIS SHALL RESULT IN A DELAY IN PROCESSING YOUR APPLICATION.**

HAVE YOU REMEMBERED TO:

1. Sign your application; keep a copy for your file.
2. Attach appropriate amount made payable to: COMMERCE AND CONSUMER AFFAIRS. (check must be in U.S. dollars and be from a U.S. financial institution.)
3. Attach documentation that you completed at least 3 semesters in acupuncture instruction at an approved school.

**NOTE:** Upon approval, your permit will be mailed to you showing the effective and expiration dates (4 years only). You must report, in writing, any changes to the above information.

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.

Appl.....024.....\$50  
 Service Fee.....BCF.....\$25