

INFORMATION & INSTRUCTIONS - ACUPUNCTURE LICENSE

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

NO RECIPROCITY

Hawaii does **not** reciprocate with any other jurisdiction. The Board of Acupuncture ("Board") does not accept the California exam and/or California Route 8. All applicants are required to meet the academic, clinical training and examination requirements in effect at the time the application is filed and according to Hawaii laws and rules. Passage of the NCCAOM exam is required.

APPLICATION FORM

Type or print legibly in dark ink and sign application. Incomplete applications will not be accepted. Failure to provide all the requested information will delay the processing of your application.

BOARD'S MAILING ADDRESS

Board of Acupuncture
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

Office location:
335 Merchant Street, Rm 301
Honolulu, HI 96813

Toll free voice access numbers for neighbor islands:
Kauai - 274-3141 Ext. 6-3000
Maui - 984-2400 Ext. 6-3000
Hawaii - 974-4000 Ext. 6-3000
Molokai - 1-800-468-4644 Ext. 6-3000
Lanai - 1-800-468-4644 Ext. 6-3000

Phone: (808) 586-3000

EDUCATION and TRAINING REQUIREMENTS

Complete a formal program of acupuncture and receive a certificate or diploma from an institute, school, or college that was accredited or recognized as a candidate for accreditation by Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM), recognized by the U.S. Department of Education, at the time of the applicant's graduation; or in the case of a foreign school, one that was licensed, approved or accredited by the appropriate foreign government agency at the time of the applicant's graduation and whose curriculum is approved by the Board.

The program shall have consisted of at least **2,175** hours as follows:

- (a) **Academic program** in the science of acupuncture (traditional oriental medicine) of at least **1,515** hours; **and**
- (b) **Clinical training program** of at least than **660** hours.

SCHOOL DOCUMENTS REQUIRED

Evidence of academic and clinical training:

ALL DOCUMENTS must be in English. If your documents are in a foreign language, refer to the section entitled "DOCUMENTS IN A FOREIGN LANGUAGE" (below) for more information.

- (1) **OFFICIAL TRANSCRIPT WITH SCHOOL SEAL: Attach** an official transcript with your application. The transcript must contain the school's seal (copies are not accepted). If the transcripts are not in English, please refer to the section entitled "DOCUMENTS IN A FOREIGN LANGUAGE" (below) for more information.

AVOID PROCESSING DELAYS, be sure the transcript has a breakdown of the number of hours you studied by category. For example:

TOTAL ACADEMIC HOURS COMPLETED: _____
TOTAL CLINICAL HOURS COMPLETED: _____

If the school transcript does not list the total academic hours and clinical hours, SUBMIT AN ORIGINAL LETTER from the school, signed by a school official, written on school letterhead that states the total academic and total clinical hours you studied.

If the total hours are not provided on the transcript or a letter from the school is not submitted, processing of the application will be delayed.

If the school uses a system other than "hours", be sure to submit the school's conversion of the point system to "hours".

- (2) **CERTIFICATE OR DIPLOMA: Attach** a photocopy of your certificate or diploma. If the diploma is not in English, please refer to the section entitled "DOCUMENTS IN A FOREIGN LANGUAGE" (below) for more information.

DOCUMENTS IN A FOREIGN LANGUAGE

ALL DOCUMENTS must be in English. Documents that are in a foreign language must be translated in English. The translator must be someone other than the applicant. The translator must also submit an affidavit (see below example of affidavit). The affidavit must be signed before a notary public. **Attach** the translation and the affidavit.

Example of translator's affidavit: The following is an **example** of a translator's affidavit and contains all of the elements required by the Board.

"I swear that I am competent in both the English language and the _____ language (language of the document) and that this is a true and complete translation of the foreign language original."

GRADUATES OF FOREIGN ACUPUNCTURE INSTITUTES, SCHOOLS OR COLLEGES

Foreign acupuncture school graduates are required to have their transcripts and curriculum evaluated by one of the following credentials evaluation services. The review shall determine that the foreign education is at least equivalent to the U.S. accredited acupuncture program, and that the institution attended was licensed, approved or accredited in the respective foreign jurisdiction. Order the "Course-by-Course" evaluation, pay the required fee and request the evaluation report be sent to the Board.

Foundation for International Services, Inc. (FIS)
www.fis-web.com

Academic Credentials Evaluation Institute, Inc. (ACEI)
www.acei-global.org

International Consultants of Delaware, Inc. (ICD)
www.icdeval.com

You still are required to submit official school transcripts and a copy of your diploma to the Hawaii Board.

Submit an original letter from the appropriate foreign government agency verifying that the institute, school or college was licensed approved or accredited at the time of your graduation.

EXAMINATION REQUIREMENT

All applicants shall pass the National Certification Commission for Acupuncture & Oriental Medicine ("NCCAOM") Acupuncture Comprehensive Written Exam ("CWE") or its equivalent. NCCAOM revised the exam and declared the following exam modules as equivalent to the CWE:

- Foundations of Oriental Medicine**
- Acupuncture with Point Location**
- Biomedicine**

APPLICANTS WHO ALREADY PASSED THE NCCAOM EXAM

Request NCCAOM to transmit your score report to the Board directly. You need to comply with NCCAOM's policies and fees, if any.

NCCAOM
2001 K Street, 3rd Floor North
Washington, DC 20006
www.nccaom.org
Phone: (888) 381-1140
Email: info@thenccaom.org

NCCAOM staff is available Monday through Thursday from 9 a.m. to 5 p.m., Friday from 9 a.m. to 4 p.m. (Eastern Time).

All applicants are subject to Hawaii's academic, clinical training, and other requirements based on the date of application.

FEES

Attach the appropriate fee. All fees are payable to "COMMERCE & CONSUMER AFFAIRS". (check must be in U.S. dollars and be from a U.S. financial institution.) The non-refundable application fee is \$50.

Attach the appropriate fee, depending on when license will be issued.

License Fee -

If license is to be issued between July 1, odd-numbered year and June 30, even-numbered year pay.....\$377
(\$50 - non-refundable application fee + \$130 - license + \$100 - Compliance Resolution Fund + \$97 - fee
for the second year of two year period)

If license is to be issued between July 1, even-numbered year and June 30, odd-numbered year pay.....\$230
(\$50 - non-refundable application fee + \$130 - license + \$50 - Compliance Resolution Fund)

NOTE: *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license 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 licensing fee and your license will not be valid, and you **may not** do business under that license. 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 license 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 license has been denied.

**LICENSE
VERIFICATION
REQUIRED**

Have all jurisdictions where you hold or held a license at any time, complete the attached "Verification of License" form. This "Verification" form may be duplicated as needed. Allow at least 6 weeks for other jurisdictions to complete the form. Some jurisdictions charge a fee for verification service. Contact the appropriate licensing agency for information on requirements. The applicant is responsible for any fees incurred.

**MAINTAINING
YOUR LICENSE**

All licenses, regardless of issuance date, **expire on June 30 of odd-numbered years.** Licenses are subject to renewal on or before the license expiration date.

You must report your changes to the Board within thirty (30) days of the changes. All changes must be reported in writing. If you let your license lapse for longer than one year, you must file a new application and meet requirements, including the academic, clinical training and national examination requirements that are in effect at the time of filing.

LAWS & RULES

Laws and rules are available online.

To obtain a copy of the acupuncture laws (Chapter 436E, Hawaii Revised Statutes) and rules (Title 16, Chapter 72, Hawaii Administrative Rules), send a written request to: Board of Acupuncture, Commerce & Consumer Affairs, P.O. Box 3469, Honolulu, HI 96801. 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. Look under "Acupuncture".

**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.

**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).

**U.S. CITIZEN, U.S.
NATIONAL, OR AN
ALIEN AUTHORIZED
TO WORK IN THE U.S.**

Pursuant to section 436B-10, Hawaii Revised Statutes, all applicants shall be a U.S. citizen, U.S. national, or an alien authorized to work in the United States in addition to meeting the academic, clinical and examination requirements for licensure. Therefore, even if an applicant meets the academic, clinical training and examination requirements for licensure, that applicant shall not be issued a license if that applicant is not a U.S. citizen, a U.S. national, or an alien authorized to work in the U.S.

However, the Board will issue the applicant a conditional approval that signifies that the applicant has met the education, experience, and examination requirements for licensure; provided that this conditional approval shall not be considered a license to engage in the profession and shall not authorize the applicant to work in our State.

To obtain authorization to work in our State, the applicant shall be required to contact the U.S. Citizenship and Immigration Services ("USCIS"); <http://uscis.gov>; U.S. Citizenship and Immigration Services, 1-800-375-5283. Once the applicant submits evidence to the Board that the USCIS has authorized the applicant to work in the U.S. (without conditions or other encumbrances), provides a Social Security Number and has met all of the licensing requirements (including, but not limited to, the requirement that the applicant has not been convicted of any crime that is directly related to the profession), the applicant shall be issued a license.

This conditional approval shall be valid for two (2) years. An applicant must obtain the appropriate USCIS authorization within this two (2) year period in order to have a license issued. If the applicant is unable to meet this deadline, the applicant may be required to reapply for licensure and meet all of the requirements in effect at that time.

**RELEASE OF
INFORMATION**

If an agency or individual is assisting you with the licensure 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.

| | | | | | | |
|---|------------------|-----------------------|-----------------------------------|---|---------------|--|
| APPLICATION FOR EXAM & LICENSE - ACUPUNCTURE | | | APPROVED <input type="checkbox"/> | <input type="checkbox"/> <i>NCCAOM Exam</i> | | |
| Read "Requirements & Instructions" before completing this form. Complete on-line fillable form at: cca.hawaii.gov/pvl or print legibly in black ink . | | | DENIED <input type="checkbox"/> | | | |
| Legal Name (First-Middle) | | (Last) | Initials/date: | | | |
| Residence Address (Include apt. no., city, state & zip code) - REQUIRED | | FOR OFFICIAL USE ONLY | | | | |
| Mailing Address (Only if different from above): | | | | | Lic. No. ACU- | |
| Other Names Used: | | | | | Eff. date | |
| Date of Birth: | | | | | | |
| Social Security Number | Phone No. (days) | Email Address: | | | | |

Check answers and give details when required:

1. Are you at least 18 years of age? YES NO
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the U.S.? YES NO
3. Do you now hold or have you ever held an acupuncture license in another jurisdiction? YES NO
4. Have you ever held a license in Hawaii? License No. _____ Exp. Date: _____ YES NO
5. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? YES NO
6. Has any license ever been suspended, revoked or otherwise subject to disciplinary action? YES NO
7. Are there any disciplinary actions pending against you? YES NO

(If responses to Nos. 5, 6 or 7 are "YES", provide information on date, place, and type of conviction or disciplinary action on a separate sheet of paper. Attach copies of the court order, board's final order or pending action and a written explanation of the circumstances leading to the conviction or disciplinary action.)

| EDUCATION (Do not include Acupuncture education) | Name of School | Location of School (City/State) | Course of Study | Dates (mo/yr) | | Degree Earned |
|---|----------------|---------------------------------|-----------------|---------------|----|---------------|
| | | | | From | To | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| STATE LICENSES | Name of State | License Number | Date Issued | License Current? | | Date you requested that your license verification be sent to Hawaii |
|----------------|---------------|----------------|-------------|------------------|----|---|
| | | | | YES | NO | |
| | | | | | | |
| | | | | | | |

(If more space needed, attach a separate sheet)
(CONTINUED ON PAGE 2)

| | | |
|---------------------------|--|--|
| Cashier official use only | Appl..... 024..... \$50 License..... 026..... \$130 | CRF..... 027..... \$50/\$100 ½ Renewal..... 020..... \$97 Service fee..... BCF..... \$25 |
|---------------------------|--|--|

Print Name of Applicant: _____

Date: _____

| | Name of Acupuncture School | Complete Address of School | Dates Attended (mo/yr) | | Degree Earned | Date of Graduation |
|------------------------------|---|----------------------------|------------------------|----|---------------|----------------------|
| | | | From | To | | |
| ACUPUNCTURE EDUCATION | | | | | | |
| | List number of hours of academic training that is verified on your official transcript or an official document from the school (must be at least 1515). Does your transcript state the total academic hours you studied? If not, refer to the instructions entitled "DOCUMENTS REQUIRED". | | | | | Total academic hours |
| | List number of hours of clinical training that is verified on your official transcript or an official document from the school (must be at least 660). Does your transcript state the total clinical academic hours you studied? If not, refer to the instructions entitled "DOCUMENTS REQUIRED". | | | | | Total clinical hours |
| | At the date of graduation noted above, was the school Accredited or a candidate for accreditation by the Accreditation Commission for Acupuncture and Oriental Medicine ("ACAOM") or respective foreign government, if you attended school outside of the U.S.? (Check one) <input type="checkbox"/> Accredited <input type="checkbox"/> Candidate | | | | | |

AFFIDAVIT OF APPLICANT:

I hereby certify that the answers and statements contained in this application and the documents attached are true and correct. I certify that I have read, understand, and shall obey all the laws and rules of the Acupuncture Board (Chapter 436E, Hawaii Revised Statutes and Title 16, Chapter 72, Hawaii Administrative Rules). I understand that misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, and Sections 436B-19, and 436E-10, Hawaii Revised Statutes).

Signature of Applicant

Date

Release of Information to Third Party:

To assist me in the licensing process, I authorize DCCA's staff to release any and all information regarding my application (including, but not limited to, application status) to the following:

Print Name of individual who is assisting you: _____

Name of Organization: _____

Signature of Applicant

Date

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.

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: current</p> <p style="padding-left: 150px;">lapsed since: _____</p> <p style="padding-left: 150px;">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 <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 <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: _____ <i>BOARD SEAL</i></p> <p>State: _____</p> <p>Date: _____</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.