

## INSTRUCTIONS AND REQUIREMENTS - To use DOCTOR OF ACUPUNCTURE TITLE

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

This application does not affect your license to practice acupuncture. This is an application for permission to use the Doctor of Acupuncture Title, only.

**NO RECIPROCITY** Hawaii does **not** reciprocate with any other jurisdiction. 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.

**APPLICATION FORM** Complete the application form by going to DCCA's website and filling out the online fillable application or by printing legibly in dark ink. Answer all applicable questions and sign and date the application. Incomplete applications will not be accepted. Failure to provide all the requested information will delay the processing of your application.

**EFFECTIVE OCTOBER 26, 2000** Effective October 26, 2000, no licensee practitioner shall be allowed to use a doctoral title unless that licensee has applied to the Board, been deemed by the Board to have met the requirements, and received the approval of the Board to use the title.

**EVIDENCE OF COMPLETION OF ACAOM ACCREDITED DAOM PROGRAM** **Attach** the following from your DAOM Program:

1. Copy of diploma.
2. Certified transcript (including the school seal).

**GRADUATES OF FOREIGN ACUPUNCTURE INSTITUTES, SCHOOLS OR COLLEGES** Licensees who completed a doctor of acupuncture and oriental medicine program at a foreign institute, school or college 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 doctor of acupuncture and oriental medicine program, and that institute was licensed, approved, or accredited in the respective foreign jurisdiction. Order the "**Course-by-Course**" Evaluation and pay the required fee. Request the evaluation report be sent to the Board.

**Foundation for International Services, Inc. (FIS)**  
[www.fis-web.com](http://www.fis-web.com)

**Academic Credentials Evaluation Institute, Inc. (ACEI)**  
[www.acei-global.org](http://www.acei-global.org)

**International Consultants of Delaware, Inc. (ICD)**  
[www.icdeval.com](http://www.icdeval.com)

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

**APPLICATION FEE (NON-REFUNDABLE)** **Attach** the \$50 non-refundable application fee.

Make check or money order payable to: **COMMERCE AND CONSUMER AFFAIRS**. (check must be made in U.S. dollars and be from a U.S. financial institution.)

**NOTE:** *One of the numerous legal requirements that you must meet in order for proof of approval 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.*

(CONTINUED ON PAGE 2)

**APPLICATION FEE  
(NON-  
REFUNDABLE)  
(Cont'd)**

*If for any reason you are denied approval, 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 has been denied.*

**ABANDONED  
APPLICATIONS**

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.

**BOARD'S ADDRESS**

Mail all required items to:

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

**OR**

Deliver to office location:

335 Merchant Street, Room 301  
Honolulu, HI 96813  
  
Phone: (808) 586-3000

Toll Free Voice Access Numbers for Neighbor Islands:

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

**LAWS & RULES**

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 the address above. 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). Look under "Acupuncture".

**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).

(CONTINUED ON PAGE 3)

**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 TO USE DOCTOR OF ACUPUNCTURE TITLE**

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

Legal Name (LAST, First, Middle):  Other Names Used: _____ Social Security Number: _____  Residence Address (Include Apt. No., City, State & Zip Code):  Mailing Address ( <b>ONLY</b> if different from above):  Business Address (Include Apt. No., City, State & Zip Code):		FOR OFFICIAL USE ONLY	APPROVED: <input type="checkbox"/> DENIED: <input type="checkbox"/> Initials/Date:  ACU - _____ Eff. Date _____ (E) Approved to use Doctoral Title  Phone No. (Residence): _____ Phone No. (Business): _____  Hawaii Acupuncture Lic.: _____ Expiration Date: _____ ACU - _____ Email Address: _____
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Graduate of an institute, school or college outside of the United States.

1. Did you submit your educational credentials to the American Association of Collegiate Registrars and Admissions Officers ("AACRAO") for evaluation? .....  YES  NO  
 Date credentials submitted to AACRAO: \_\_\_\_\_
2. Did you request a "Course-by-Course" evaluation? .....  YES  NO

Doctor of Acupuncture and Oriental Medical School	Name of School Where DAOM Degree Earned	Complete Address of School	Dates Attended (mo/yr)		Degree Earned	Date of Graduation
			From	To		
(Check One)						
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")? ..... <input type="checkbox"/> Accredited <input type="checkbox"/> Candidate						
If you attended a doctor of acupuncture and oriental medicine program outside of the U.S., was the school licensed or approved by the respective foreign government? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO						

**AFFIDAVIT OF APPLICANT:**

I hereby certify that the answers and statements contained in this application and the documents attached verifying my advanced education and clinical training are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of use of the Doctor of Acupuncture title or for revocation of my acupuncture license (Sec. 710-1017, Hawaii Revised Statutes).

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

\_\_\_\_\_  
Date

(CONTINUED ON PAGE 2)

Print Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Release of Information to Third Party:**

To assist me in the licensing process, I authorize the Department of Commerce and Consumer Affairs staff to release any and all information regarding my application (including, but not limited to, application status) to the following third party:

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.