MONTANA BOARD OF MEDICAL EXAMINERS
PO Box 200513
301 South Park Avenue 4th Floor
Helena MT 59620-0513
406-841-2361 or 406-841-2364 FAX: 406-841-2305
E-MAIL: dlibsdmed@mt.gov WEBSITE: www.medicalboard.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.
(Please allow 10 days for processing from the date that the Board has a complete routine application)

LICENSING REQUIREMENTS FOR ACUPUNCTURE:

- Must be a graduate of an acupuncture school that is approved by the National Accreditation Commission for Schools and Colleges of Acupuncture and Oriental Medicine and offers a course of at least 1,000 hours of entry-level training in recognized branches of acupuncture or an equivalent curriculum approved by the board.
- Must be at least 18 years of age.
- Must meet the requirements for and pass the examination prepared and administered by the National Commission for the Certification of Acupuncturist and Oriental Medicine (NCCAOM).

FEES:

- **$65.00 - Acupuncture Application Fee**

Make payable to the Montana Board of Medical Examiners

PHOTOS: Attach one original photograph taken within the last year to page 6 of this application.

DOCUMENTS: Please submit the following documentation with your application and make each copy 8 ½" x 11.

Certified Transcripts of Acupuncture Education
NCCAOM Certification of Exam Scores
Birth Certificate
Recent National Practitioner Data Bank (NPDB) self-query (Letter Unopened)
Current Verification of all State Licensing Agencies

NOTE: ALL DOCUMENTS NOT IN ENGLISH MUST BE ACCOMPANIED BY CERTIFIED TRANSLATIONS.

ADDITIONAL FORMS TO BE SUBMITTED FOR AN APPLICATION TO BE COMPLETE:

- **National Practitioner Data Bank (NPDB) self-query:** This form must be mailed directly to the address indicated in the instructions. The results will come to you; upon receipt please forward them to the Board office. This form can be obtained by calling NPDB at 800-767-6732 or visit www.npdb-hipdb.com on the Internet.
- **NCCAOM CERTIFICATION:** Contact the testing entity for your scores, have the testing entity send your scores directly to the Board.
- **State Licensing Verification form:** This form must be sent to all state boards in which you hold or ever held a professional/occupational license. The completed verification must be returned directly to the Montana State Board of Medical Examiners.

APPLICATION PROCEDURES:

- When the application file is complete, it will be processed and considered by Board staff for permanent licensure. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.
- If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration. Non-routine applications may take up to 120 days to process.

- A verification of licensure or letter of good standing must be sent directly from each state board in which the applicant is currently or has ever been licensed. Please make copies of the attached verification request form as needed. Some states charge a fee for verification. Contact each board prior to sending the request.
- Transcripts, which detail the course-by-course curriculum in schools and the completion which directly entitled the applicant to receive the corresponding certificate or diploma, must be sent **directly** to the Board of Medical Examiners by the institution, not by the applicant. If applicable, a Certificate of Competency from the government of the Republic of China, People's Republic of China, Korea, or Japan, acknowledging that the applicant has the qualifications to practice acupuncture, must be sent directly to the Board from the issuing agency.
- Contact the NCCAOM to have a certified copy of your exam scores sent **directly** to the Montana Board of Medical Examiners.

PROCESSING PROCEDURES:

- Once a routine application is complete, the application takes up to 10 days to process from the time it is received in the Board office.
- The applicant will be notified in writing of any deficient or missing items from the application file.
- Please be sure the three individual references you listed on your application complete the reference questionnaire form and return the form directly to the Board office as soon as possible in order to complete your application.
- Once a routine application is processed and approved a permanent license will be issued.

For information with regard to the processing of this application and other concerns please contact the Board of Medical Examiners staff at (406) 841-2361 or (406) 841-2364 or email us at dlibsdmed@mt.gov

PLEASE BE SURE REVIEW THE MONTANA LAWS AND RULES FOR ACUPUNCTURISTS ON OUR WEBSITE:
www.medicalboard.mt.gov

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Application for Licensure as Certified Acupuncturist

PLEASE TYPE OR PRINT IN INK.
(Please allow 10 days for processing from the date that the Board has a complete routine application)

1. FULL NAME: _____
Last First Middle

2. OTHER NAME(S) KNOWN BY _____

3. BUSINESS NAME _____

4. BUSINESS ADDRESS _____
Street or PO Box # City and State Zip

5. HOME ADDRESS _____
Street or PO Box # City and State Zip

PREFERRED MAILING ADDRESS ☐ Business ☐ Home E-MAIL ADDRESS _____

6. TELEPHONE (_____) _____ (_____) _____ (_____) _____
Business Home Fax

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____ PLACE OF BIRTH _____ ☐ MALE ☐ FEMALE
City/State

9. LICENSE NAME _____
(State your name as it should appear on the license if granted.)

10. Please list all Post-High School education in the profession for which you are seeking licensure. Use a supplemental sheet if needed.

Name of School	Address of School	Dates Attended	Degree Earned

11. Have you ever previously applied for a license to practice in Montana? If yes, give date and results. ☐ Yes ☐ No

12. Have you ever been denied licensure or the opportunity to take a professional licensing examination in any state or country? If yes, attach a detailed explanation. ☐ Yes ☐ No

13. Have you ever withdrawn an application for an acupuncturist license? If yes, please give the state and reason for withdrawal. ☐ Yes ☐ No

14. **PRACTICE HISTORY:** List all activities after professional school in chronological order, up to and including the present. Specify nature of activity; for example, private practice, hospital practice, vacation, school, private employment, etc. Account for all periods of time longer than 1 month. Indicate specific month and year for each activity.

FACILITY NAME	FACILITY ADDRESS	DATES EMPLOYED

15. List all professional/occupational licenses, registrations and certificates in which you hold or **ever** held. Verifications for each license must be sent directly to Montana from each state licensing board.

State	License #	Issue Date	Expiration Date	License Method	Requested State Verification
				☐ Exam ☐ Endorse ☐Other	☐ Yes ☐ No
				☐ Exam ☐ Endorse ☐Other	☐ Yes ☐ No
				☐ Exam ☐ Endorse ☐Other	☐ Yes ☐ No
				☐ Exam ☐ Endorse ☐Other	☐ Yes ☐ No
				☐ Exam ☐ Endorse ☐Other	☐ Yes ☐ No

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a Supplement Sheet.

16. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

17. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

18. Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

19. Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

20. Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

21. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. ☐ Yes ☐ No

22. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

23. Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

24. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare /Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

25. Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source. ☐ Yes ☐ No

26. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding your ability to prescribe, dispense or administer drugs including controlled substances? If yes, please attach a detailed explanation and provide documentation from the source. ☐ Yes ☐ No

27. Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source. ☐ Yes ☐ No

28. Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. ☐ Yes ☐ No

29. Do you have any criminal charges pending or have you ever pled guilty, forfeited bond, or been convicted of a crime (whether or not sentence was suspended or deferred), or have you pled no contest or had prosecution deferred whether or not an appeal is pending? If yes, attach a detailed explanation and documentation from the source. You must report but may omit documentation for: (1) misdemeanor traffic violations resulting in fines of less than $100; and (2) charges or convictions prior to your 18th birthday unless you were tried as an adult. ☐ Yes ☐ No

30. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. ☐ Yes ☐ No

31. Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation. ☐ Yes ☐ No

32. Have you ever been court-martialled or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation for the source. ☐ Yes ☐ No

33. PROFESSIONAL & CHARACTER REFERENCES.

Please type or print names and addresses of three references (at least two must be licensed certified acupuncturists) who have known or associated with you for a minimum of one year. Attached is a reference form (page 8), please submit the form to each of the three individuals listed below and have them mail the completed reference form directly to the Board of Medical Examiners office on your behalf.

NAME:
ADDRESS:
TELEPHONE:

NAME:
ADDRESS:
TELEPHONE:

NAME:
ADDRESS:
TELEPHONE:

AFFIX

PHOTO

HERE

PASSPORT SIZE

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Department of Labor and Industry, Healthcare Licensing Bureau. I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

_____ _____

Legal Signature of Applicant Dated

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VERIFICATION OF MORAL/PROFESSIONAL CHARACTER

APPLICANT: Complete the upper portion of this form and mail to each of the character references you have listed in your application (page 5).

_____ _____
Legal Signature of Applicant Date

(Please Type or Print):
Name of Applicant: _____

Address: _____

This verification sent to: _____

CHARACTER REFERENCE: Please answer the following questions concerning the applicant's moral and professional character. This document is your authorization to release any and all information and opinions you have, favorable or otherwise, directly to the Montana Board of Medical Examiners. Your response will be kept confidential.

Name of reference: _____Daytime phone: _____

Address: _____

_____

Title/profession/position: _____

How long have you known the applicant? _____In what capacity? _____

To your knowledge, does this applicant have any habits or practices that would adversely affect his/her professional activities? If your answer is "yes," please explain: _____
_____

Do you consider this applicant worthy of approval to practice as an acupuncturist in Montana?_____
_____

Please comment on the applicant's professional character, morals and ethics (attach additional sheet as needed): __
_____
_____

_____
Signature of Reference Date

The Applicant and the Board thank you for your assistance.

VERIFICATION OF LICENSURE

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE AS AN ACUPUNCTURIST. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD:

I am applying for a license to practice acupuncture in the State of Montana. The Medical Board requires this form to be completed by each state wherein I hold or ever have held a professional/occupational license. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF MEDICAL EXAMINERS, P. O. BOX 200513, 301 SOUTH PARK AVENUE, HELENA, MT 59620-0513**. Your early response is appreciated.

_____ Name: _____
(Signature) (Please print)

Address: _____

_____

My License Number is:_____

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF MEDICAL EXAMINERS

State of: _____

Full Name of Licensee: _____

License No. _____ Issue Date:_____

License is current? _____ If NO, explain _____

Has license been suspended, revoked, placed on probation or otherwise disciplined? _____

If YES, explain and attach documentation_____

_____

Has licensee ever been requested to appear before your Board? _____

If YES, explain_____
Derogatory information, if any_____

Comments, if any _____

BOARD SEAL

Signed: _____
Title: _____
State Board:_____ Date:_____