

New Jersey Office of the Attorney General

Division of Consumer Affairs
Acupuncture Examining Board
124 Halsey Street, 6th Floor, P.O. Box 46021
Newark, New Jersey 07101
(973) 273-8092

Application Instructions/Checklist

Use this checklist to determine whether you have complied with all of the requirements. Once your application has been received, a file will be established and you will be notified if any documents are missing. Once your application is approved, you will be notified of the schedule to take the written New Jersey Law, Jurisprudence and Practical Examination. Please refer to the examination information enclosed with this packet.

Upon successful completion of the examination, you will be notified by letter and requested to provide your initial license fees. License fees are currently \$270 for a two year period. License periods in New Jersey run for from July 1 to June 30 of odd-numbered years. If you are licensed in the second year of a biennial period, your initial license fee will be \$135.00.

Application Fee: \$50.00. Please include a check or money order made payable to the "State of New Jersey" with your application. Mail the application to: New Jersey State Acupuncture Examining Board, P.O. Box 46021, 124 Halsey Street, 6th Floor, Newark, NJ 07101. If you are using overnight service, such as FEDEX or UPS, use the street address only and use zip code 07102. **Read all instructions carefully!**

Answer all of the questions on the application form. Make sure to include the following items:

- _____ Staple one passport-style photograph of your head and shoulders to the front page of the application. Please sign and print your name along with the date on the back of the photo.
- _____ Copy of birth certificate or passport
- _____ Citizenship/Immigration Status (if applicable) - If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the U.S. Citizenship and Immigration Service (USCIS).
- _____ Transcripts (undergraduate and graduate). New Jersey law requires that applicants hold at least a baccalaureate degree in addition to their acupuncture training. Have all academic institutions submit official school transcripts in a sealed envelope. **Do not** open the envelope. Attach each sealed transcript(s) to the application, or arrange to have the school(s) forward the transcript(s) directly to the Board office.
- _____ Translation of transcripts. Any transcripts written in a language other than English are required to have a certified translation. A list of approved translation services is attached as Appendix 1.
- _____ Evaluation of foreign educational credentials. All foreign transcripts must be independently evaluated by: The American Association of Collegiate Registrars and Admissions Officials (AACRAO), International Educational Services, One DuPont Circle, NW, Suite 520, Washington, D.C. 20036-1135. (www.aacrao.org)
- _____ NCCAOM Examination - Request a transcript to be sent to the board office.
- _____ Test of English as a Foreign Language (TOEFL) - Required of those candidates who were education in a language other than English. Request transcript from Educational Testing Service.
- _____ Verification of State License. If you hold a license in any other state or jurisdiction, make photocopies of Form SV1 (page 8) and mail it to each state in which you hold (or have held) a license. There may be a fee for this service. The Board in each state where you are or have been licensed must fill out the form, stamp it with the Board's official seal and mail it directly to: New Jersey State Acupuncture Examining Board, P.O. Box 46021, 124 Halsey Street, 6th Floor, Newark, New Jersey 07101.
- _____ New Jersey Acupuncture Safety and Jurisprudence Exam (See attached yellow information sheet)

Please use additional paper if you cannot fit all of your information in the space provided on this form. Make a notation by each question that more information has been attached. Please mark your attached answers with the same number corresponding to the question that you are answering. If you answered "Yes," to any of the child support questions, please attach to this application an explanation written on a separate sheet of paper.

Once the entire application has been completed, have it signed and stamped by a Notary Public. Notice: All applicants for any health care license are required by law to complete to a criminal history background check, pursuant to P.L. 2002, Chapter 104. Information will be provided to applicants under separate cover.

4. Social Security

You **must** provide your Social Security number to the Board. Failure to do so will result in denial of licensure or certification.

*Social Security Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7,60.8 and 60.9, the Board is required to obtain your Social Security number. Pursuant to these authorities, the Board is also obligated to provide your Social Security number to:

- The Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records, or
- The Probation Division or any other agency responsible for child support enforcement, upon request, and
- The National Practitioner Data Bank and the HIP Data Bank, when reporting adverse actions relating to health care professionals.

5. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

U.S. citizen

Alien lawfully admitted for permanent residence in U.S. (Attach documentation)

Other immigration status. Specify: _____

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

Education

New Jersey laws governing acupuncture certification requires that applicants hold at least a baccalaureate degree issued by a college or university which is accredited by a regional accrediting agency recognized by the Council for Higher Education Accreditation (CHEA) or the U.S. Department of Education. Applicants should request that a certified transcript from all educational institutions listed below be submitted directly to the Board office. Transcripts written in any language other than English must be accompanied by a certified translation. A list of approved translation services are attached to the application package. Transcripts of education obtained outside of the United States must be independently evaluated by the American Association of Collegiate Registrars and Admissions Officers (AACRAO. Go to: www.aacrao.org) or another approved credentials evaluation service (see appendix). NOTE: A Bachelors degree in professional studies or Masters in Oriental Medicine issued in conjunction with your acupuncture program in the United States does not fulfill the degree requirement in this state

6. A. Undergraduate education -

_____ Year graduated _____ Degree obtained _____

College or university

B. Other degree(s):

_____ Year graduated _____ Degree obtained _____

College or university

7. Acupuncture Education - Board regulations require graduation from an acupuncture program accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM). Please list each acupuncture school attended, using a separate sheet of paper if necessary.

Submit a sealed official acupuncture school transcript from each school(s) listed below.

| Months and Years | Acupuncture School | City, State, Country |
|------------------------|--------------------|----------------------|
| ___ / ___ to ___ / ___ | _____ | _____ |
| ___ / ___ to ___ / ___ | _____ | _____ |

I completed my program and received the degree of _____ on the _____ day of _____, _____
Month Year

7. NCCAOM Examination - Board regulations require that applicants submit evidence of successfully passing the NCCAOM examination, taken in English, including the following modules: Foundations of Oriental Medicine; Acupuncture; Point Location; and Biomedicine. An individual who completed the NCCAOM examination prior to January 1, 2003 shall submit proof that he or she has passed the Biomedicine portion of the NCCAOM exam. Alternatively, these applicants may have the option of completing the Three Part New Jersey Clinical Examination.

See the yellow "Examination Information" sheet enclosed.

Candidates should arrange for a NCCAOM transcript to be forwarded to the Board office.

Date of Exam: _____ Grade Received: _____

8. New Jersey Acupuncture Safety and Jurisprudence Examination - This forty (40) question examination is offered in the board offices in Newark. Please see attached yellow sheet entitled "**Examination Information.**"

9. Test of English as Foreign Language- Applicants who did not graduate from a high school, college or university, or acupuncture program that was conducted exclusively in English must submit proof of passing the Test of English as a Second Language (TOEFL) or the results of the Test of Spoke English (TSE) offered by Educational Testing Service.

10. Licenses in other States or Jurisdictions.

Do you hold, or have you ever held, a license to practice acupuncture in any other State or jurisdiction?
___ Yes ___ No

If the above answer is "Yes," list all licenses below and request that Form SV1 be completed by every jurisdiction listed or request that a "letter of good standing" be forwarded to the Board office. Form SV1 (seepage 8) may be reproduced. For each license held, provide the date(s) held and the number(s). If the license was issued under a different name, please provide that name.

| | | |
|--|---------------------------------------|---------------------|
| _____ | _____ | _____ |
| State or jurisdiction that issued the license or certificate | Type of license or certificate Number | Date issued/expired |
| _____ | _____ | _____ |
| State or jurisdiction that issued the license or certificate | Type of license or certificate Number | Date issued/expired |
| _____ | _____ | _____ |
| State or jurisdiction that issued the license or certificate | Type of license or certificate Number | Date issued/expired |

10. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in this or any other state or in a foreign country? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) Yes No

11. Have you ever been convicted of any crime or offense under any circumstances such as, but not limited to, a plea of guilty, non vult, nolo contendere, no contest, etc., or a finding of guilt by a judge or jury? Yes No

12. Have you ever been disciplined or denied an acupuncture license or any other professional license in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

13. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

14. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

15. Have you ever been named as a defendant in any litigation related to the practice of acupuncture or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

16. Are you aware of any investigation pending against a professional license issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

17. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

18. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of acupuncture or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

If the answer to any of the above questions, numbers 10 through 18, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

19. **Student Loan** Are you in default in regard to any student loan obligation(s)? Yes No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual payment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for payment of your student loan.

20. **Child Support** Please certify, under penalty of perjury, the following:

a. Do you currently have a child-support obligation? Yes No

(1) If "Yes," are you in arrears in payment of said obligation? Yes No

(2) If "Yes," does the arrearages match or exceed the total amount payable for the past six months? Yes No

b. Have you failed to provide any court-ordered health insurance coverage during the past six months? Yes No

c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? Yes No

d. Are you the subject of a child-support-related arrest warrant? Yes No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions (a) through (d) will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of certification.

Name of applicant (Please print) _____

Medical Conditions Questions

Questions 21 through 26 pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

“Ability to practice acupuncture” is to be construed to include all of the following:

- a. The cognitive capacity to exercise reasonable acupuncture judgments and to learn and keep abreast of professional developments; and
- b. The ability to communicate those judgments and related information to patients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- c. The physical capability to perform the duties of an acupuncturist, with or without the use of aids or devices, such as corrective lenses or hearing aids.

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

“Chemical substance” is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous two years.

“Illegal use of controlled dangerous substance” means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

21. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ___Yes ___No

22. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? ___Yes___ No ___ Not applicable

23. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ___ Yes___ No___ Not applicable

24. Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ___Yes ___No ___Not applicable

25. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? ___Yes ___ No

26. Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that “currently” is defined as “within the last two years.”) ___Yes ___ No

If you answered “Yes” to question 26, are you currently participating in a supervised rehabilitation program** or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ___Yes ___No

** If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

Signature of applicant

Date

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____

I, _____, in making this application to the New Jersey
Print Name

Acupuncture Examining Board for certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey State Acupuncture Examining Board, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or to withhold renewal of or suspend or revoke a certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:2C et seq., together with the Rules and Regulations of the New Jersey State Acupuncture Examining Board, N.J.A.C. 13:35-9.1 et seq., and fully understand that in receiving a certificate from the Board, I bind myself to be governed by them. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

Signature of applicant

Sworn and subscribed to before me this _____ day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here

New Jersey Office of the Attorney General

Division of Consumer Affairs
Acupuncture Examining Board
124 Halsey Street, 6th Floor, P.O. Box 46021
Newark, New Jersey 07101
(973) 273-8092

Verification of State License

A separate form must be used for each state.
(This form may be reproduced.)

Name of applicant:

| | | |
|-----------|------------|----------------|
| Last name | First name | Middle initial |
|-----------|------------|----------------|

The above-named applicant is a licensee of the State of _____

and was issued license number _____ on _____
Month Day Year

The applicant's license status is:

- Current and in good standing expiring on _____
- Revoked or suspended
- Inactive/expired on _____
- Other (please attach explanation)

The licensee does does not have a record of disciplinary history with this agency.
(Attach additional information if applicable.)

I hereby certify that to the best of my knowledge and belief, the foregoing is a true statement of the record of the individual on this form.

Name of Board

Name of person completing this form

Title

Signature

(Board Seal)

Official Use Only

Dual License

License Type 1

Applicant's Number

License Type 2

Applicant's Number



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Medical Examiners
Acupuncture Examining Board
P.O. Box 46019
Newark, New Jersey 07101
(973) 273-8092

Official Use Only

Resubmit

Board or Committee

**CERTIFICATION AND AUTHORIZATION FORM
FOR A CRIMINAL HISTORY BACKGROUND CHECK**

Directions: Answer all of the questions on this form.

1. Name Mr. Mrs. Ms. _____ (_____)
Last First Middle Maiden Name

2. Address _____
Street or P.O. Box City State ZIP code

3. Date of birth ____/____/____ Sex: Male Female
Month Day Year

4. Social Security number _____/_____/_____

5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003? Yes No

If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history background process. Please send no payment now.

If "Yes," please provide the following information and follow the instructions outlined below:

Board or committee requiring the fingerprinting

Month and year you were fingerprinted

If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other any other **Board or Committee of the New Jersey Division of Consumer Affairs** (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. **The fee for this service is \$25.30.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) Yes No

Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

Your continuing responsibility to disclose convictions of crimes or offenses: You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

Continuation on the reverse side ➡

CERTIFICATION

I, _____, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of applicant

Date

Approved Translation Agencies

- Action Translation Bureau - 187 Tilden Drive, E. Hanover, NJ
- Allen Translation Service, PO Box 1529, Morristown, New Jersey 07960
- Ambassador Translating, Inc., 182 Sunset Ridge, Bridgewater, NJ 08837-1326
- Berlitz School of Languages - Every Berlitz School is acceptable
- Columbia University, Tutor and Translation Agency, 2960 Broadway, NY, NY 10027
- Continental; Translation Service, 6 East 43rd Street, NY, NY 10017
- Garden State Translations, Inc., 484 Bloomfield Avenue, Suite 9,
Montclair, New Jersey 07042
- Inlingua School of Language/Translation Service - 95 Summit Avenue, Summit, NJ
07901 and 171 East Ridgewood Avenue, Ridgewood, NJ 07450
- Interworld Translation Service, Inc., 10 W. 37th Street, NY, NY 10018
- The Language Center, Inc. 144 Tices Lane, East Brunswick, New Jersey 08816
- Lawyers and Merchants Translations Bureau, 11 Broadway, Room 1401, NY, NY 10004
- Translation Company of America, Inc., 10 W. 37th Street, NY, NY 10018
- Translation Company of New York, 8 S. Maple Avenue, Marlton, NJ 08053

Approved Credentials Evaluation Services

International Consultants of Delaware, Inc.

115 Barksdale Professional Center, Newark, Delaware 19711

Tel: 302 737-8715

International Education Research Foundation, Credentials Evaluation Service

PO Box 24679, Los Angeles, CA 90024

Tel: 213 475-2133

World Education Service, Inc.

PO Box 745, Old Chelsea Station, New York New York 10011

Tel: 212 966-6311