



New Jersey Office of the Attorney General

Division of Consumer Affairs

State Board of Medical Examiners

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 of the required documents are missing. Once your application has been approved, you will be notified of the schedule to take the written New Jersey Acupuncture Safety and Jurisprudence Examination.

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 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: \$100.00. Please include a check or money order made payable to the "State of New Jersey" with your application. Mail the application to: Acupuncture Examining Board, P.O. Box 46021, 124 Halsey Street, 6th Floor, Newark, N.J. 07101. If you are using an overnight service, such as FEDEX or U.P.S., use the street address only and use ZIP code 07102. **Read all of the 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.
- A copy of your 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 education). 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 transcript 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 transcript 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 Officers (AACRAO), International Educational Services, One DuPoint Circle, NW, Suite 520, Washington, DC 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 educated in a language other than English. Request a transcript from the Educational Testing Service.
- Verification of State License. If you hold a license in any other state or jurisdiction, make photocopies of Form SV1 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: Acupuncture Examining Board, P.O. Box 46021, 124 Halsey Street, 6th Floor, Newark, New Jersey 07101.
- New Jersey Acupuncture Safety and Jurisprudence Examination (After all of your application materials have been reviewed and approved, the Board will set you up to take the next available examination.)

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.

Use this space to staple a clear, full-face passport-style photographs (2"x 2") of your head and shoulders, taken within the past six months, to this application.

Two photographs are required with each application.



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For office use only

Application number: _____

Check or money order number: _____

Date processed: _____

License number: _____

25ME _____

Application to Become a Certified Acupuncturist

Date: _____

A nonrefundable application filing fee of \$100.00 in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the fees are paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure process will be delayed until the fees are paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

Place of birth: _____
City State

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

2. Address

Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code) E-mail address

Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

Mailing: _____
Street or P.O. Box City State ZIP code County

3. Social Security

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal 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:

- a. 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,
- b. the Probation Division or any other agency responsible for child support enforcement, upon request, and
- c. the National Practitioner Data Bank and the HIP Data Bank, when reporting adverse actions relating to health care professionals.

4. 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.
- Other immigration status

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.

5. 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 repayment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning there plan for repayment of your student loan.

6. 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 arrearage 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(1) 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 licensure or certification.

Applicant's name (please print)

Applicant's signature

Date

7. Medical Conditions Questions

Questions a through f 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 or certification 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.)

For the purposes of these questions, the following phrases or words have the following meanings:

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

- a. The cognitive capacity to exercise the reasonable judgments of an acupuncturist, 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.

- a. 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
- b. 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
- c. 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
- d. 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
- e. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? Yes No
- f. 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 f, 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.

8. Have you ever changed your name? Yes No
 If "Yes," please submit with this application a copy of the marriage certificate, divorce decree or court order.
9. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) Yes No
10. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. Yes No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

11. Do you currently hold, or have you ever held, a professional license, certificate or permit of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
 If "Yes," for each license, certificate or permit held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

		Last name	First name	Middle initial
_____	_____	_____	_____	_____
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit		Date issued/expired
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit		Date issued/expired
_____	_____	_____	_____	_____
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit		Date issued/expired
_____	_____	_____	_____	_____
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit		Date issued/expired

12. Have you ever been disciplined or denied a professional license, certificate or permit of any kind 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, certificate or permit 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 any prior practice as an acupuncturist, 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, certificate or permit 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 any prior 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 12 through 18, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Education

New Jersey laws governing acupuncture certification require 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’s 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 (Go to: www.aacrao.org) or another approved credentials evaluation service (see appendix). **NOTE:** A bachelor’s degree in professional studies or a master’s degree in Oriental Medicine issued in conjunction with your acupuncture program in the United States does not fulfill the degree requirement in this State.

1a. Undergraduate education _____ Year graduated _____ Degree obtained _____
College or university

1b. Other degree(s) _____ Year graduated _____ Degree obtained _____
College or university

2. **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.

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

Months and Years	Acupuncture School	City, State, County
___ / ___ to ___ / ___	_____	_____
___ / ___ to ___ / ___	_____	_____
___ / ___ to ___ / ___	_____	_____

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

3. **NCCAOM Examination** - Board regulations require 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.

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

Date of exam: _____ Grade received: _____

4. **New Jersey Acupuncture Safety and Jurisprudence Examination** - This 40-question examination is offered in the Board offices in Newark. After all of your application materials have been reviewed and approved, the Board will set you up for the next available jurisprudence examination.

5. **Test of English as a 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 Foreign Language (TOEFL) or the results of the Test of Spoken English (T.S.E.) offered by the Educational Testing Service.

AFFIDAVIT

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

State of: _____ }
County of: _____ } *ss.*

I, _____, in making this application to the Acupuncture Examining Board for certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Board of Medical Examiners for the 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 Acupuncture Examining Board, N.J.A.C. 13:35-9.1 et seq., and fully understand that in receiving licensure 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





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 license status is:

Current and in good status expiring on _____
Date

Revoked or suspended

Inactive/expired on _____
Date

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



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P.O. Box 46019
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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 record background check process. No payment is necessary as of 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 **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 \$22.55.** 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 07936
- Allen Translation Service, P.O. Box 1529, Morristown, NJ 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, NJ 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, NJ 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

P.O. Box 24679
Los Angeles, CA 90024
Tel.: (213) 475-2133

World Education Service, Inc.

P.O. Box 745
Old Chelsea Station
New York, New York 10011
Tel.: (212) 966-6311