Acupuncture License Application

Please type or print clearly. It is the responsibility of the applicant to submit all supporting documentation. Failure to do so may result in a delay in processing your application.

1. Demographic Information

Social Security Number (If you do not have a social security number, see instructions)

☐ Female
☐ Male

Name First Middle Last

Birthdate (mm/dd/yyyy)	**Place of Birth**		
	City	State	Country

Permanent address

City	State	Zip	County
Country	Phone ( )		Email:

Mailing address if different from above

City	State	Zip	County

Country

Note: The mailing address and email address you provide will be your contact information on record with ND BIHC. It is your responsibility to maintain current contact information on file with the board.

Have you ever been known under any other name(s)? ☐ Yes ☐ No
If yes, list name(s):

Will documents be received in another name? ☐ Yes ☐ No
If yes, list name(s):

Fo ND BIHC Use Only

License #	Issue Date
School Code	

2. Personal Data Questions Yes No

1. Do you have a medical condition, which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation. . . . . ☐ ☐

"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, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

a. How your treatment has reduced or eliminated the limitations caused by your medical condition.
b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

Note:
If you answered "yes" to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

The licensing authority may require you to undergo one or more mental, physical, or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide report(s) to the licensing authority, your application may be denied.

2. Do you currently use chemical substance(s) in any way, which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain. . . . . ☐ ☐

"Currently" means within the last two years.

"Chemical substance" includes alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, treated for, pedophilia, exhibitionism, voyeurism, or frotteurism? . . . . . ☐ ☐

4. Are you currently engaged in the illegal use of controlled substances? . . . . . ☐ ☐

"Currently" means within the last two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

2. Personal Data Questions (cont.) Yes No

Note:
If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgements, decisions, orders, agreements, and surrenders. The department does criminal background checks on all applicants.

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? . . . . . ☐ ☐

Note:
If you answered "yes" to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

To protect the public, the ND State Board of Integrative Health Care considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be denied.

a. Are you now subject to criminal prosecution or pending charges of a crime in any state or jurisdiction . . . . . ☐ ☐

b. If you answered, "yes" to question 5a, do you wish to have decision on your application delayed until the prosecution and any appeals are complete? . . . . . ☐ ☐

6. Have you ever been found in any civil, administrative, or criminal proceeding to have:
   a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes? . . . . . ☐ ☐
   b. Diverted controlled substances or legend drugs? . . . . . ☐ ☐
   c. Violated any drug law? . . . . . ☐ ☐
   d. Prescribed controlled substances for yourself? . . . . . ☐ ☐

7. Have you been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements? . . . . . ☐ ☐

8. Have you ever had any license, certificate, registration, or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? ☐ ☐

9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority? . . . . . ☐ ☐

10. Have you ever been named in any civil suit or suffered any civil judgement for incompetence, negligence, or malpractice in connection with the practice of a health care profession? . . . . . ☐ ☐

3. Other License, Certificate, or Registration

List all states, including North Dakota, where credentials are or were held. Specifically list credentials granted as temporary, endorsement, exemption or similar type, date, grantor, and if credential is current. If you need more space, attach a piece of paper.

State/Jurisdiction	Profession	License Type	Year Issued	Lic. #	Active
					Yes No
					☐ ☐
					☐ ☐
					☐ ☐

☐ Yes ☐ No I have never been licensed to practice acupuncture in any jurisdiction.

4. Education

List all of your post-graduate training. If you need more space, attach a piece of paper.

Full Name, City and State of Schools Attended	Degree Earned	Start Date	End Date

5. Applicant's Attestation

I, _____ , declare under penalty of perjury under the laws of the state of North Dakota that the following is true and correct:

- I am the person described and identified in this application.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

I understand the ND State Board of Integrative Health Care may require more information before deciding on my application. The department may independently check on the conviction records with state or federal databases.

I authorize the release of any files or records the board requires to process this application. This includes information from all hospitals, educational, or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local, or foreign government agencies.

I understand that I must inform the board of any past, current, or future criminal charges or convictions. I will also inform the board of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the board information on my health, including mental health and any substance abuse treatment.

Dated _____ in _____
(mm/dd/yyyy) (City, State)

By: _____
(Signature of Applicant)