



STATE OF TENNESSEE
 DEPARTMENT OF HEALTH
 HEALTH RELATED BOARDS
 665 MAINSTREAM DRIVE
 NASHVILLE, TENNESSEE 37243

TENNESSEE BOARD OF MEDICAL EXAMINERS
 TENNESSEE COMMITTEE FOR ACUPUNCTURE
 (800) 778-4123, ext. 532-4384 or Local (615) 532-3202, ext. 532-4384
www.tn.gov/health

APPLICATION INSTRUCTIONS FOR LICENSURE AS AN ACUPUNCTURIST

Provided below is a checklist for your personal use and convenience containing all the things you must do to receive consideration for issuance of a Tennessee license to practice. **NOTE: All submissions must be executed and dated less than one (1) year before receipt or they will be rejected by the Committee.**

Licensure by Diplomatic Status:

Done

1. Complete, sign, have notarized and mail the application pages 1 through 6. _____
2. Attach to the application a clear, recognizable, recently taken passport size photograph of yourself. _____
3. If you are or have ever been licensed, certified, registered, or permitted by any state or country to practice as an acupuncturist or other health professional, you must complete and mail **Attachment 1** to each and every state. Copies of **Attachment 1** may be duplicated to accommodate each request. _____
4. Submit two (2) original letters of recommendation from medical professionals who can attest to your character as an acupuncturist. These letters must be written within the preceding 12 months, identify the individuals as medical professionals, and **must be originals** on the signator's letterhead. _____
5. Attach to the application a check or money order in the amount of \$760.00 made payable to the Tennessee Committee for Acupuncture. _____
6. Cause to be submitted directly from NCCAOM proof of current diplomate status. _____
7. Cause to be submitted directly from the post-secondary acupuncture program proof of completion of a three year post-secondary training program or college acupuncture program. Complete and mail **Attachment 2** to program attended. The institution is to send verification of your attendance directly from the training program or college Administrative Office to this office. _____
8. Provide proof of successful completion of NCCAOM-approved clean needle technique course sent directly from the course provider to the Administrative Office. _____
9. Criminal Background Check. For instructions to obtain a criminal background check, go to <http://tn.gov/health/article/CBC-instructions>. _____
10. All applicants must complete, sign and have notarized the Declaration of Citizenship form and submit the documents required by the Declaration of Citizenship form, The Declaration of Citizenship is available online at <https://www.tn.gov/content/dam/tn/health/healthprofboards/PH-41833.pdf>. _____

Licensure by Reciprocity

To become licensed in Tennessee based on licensure or certification in another state, an applicant must cause to be submitted to the Administrative Office all of items 1 through 10 (above) except item number 6 and show proof of licensure or certification in another state that has licensure or certification requirements substantially equivalent, as determined by the committee, to the requirements of T.C.A. 63-6-1001, et seq. Please submit a copy of the rules in place when licensure or certification was awarded.

Any person is eligible to receive a certificate upon compliance with all of the items 1 through 5 and number 9 and 10 (above) only and upon further showing satisfactory proof of one of the following:

Licensure by Grandfather Provision

1. Tennessee residency on January 1, 2001, and successful completion of an approved apprenticeship or tutorial program that meets NCCAOM standards. _____
 - a. Tennessee Residency may be proven by submission of a copy of either a voter registration card indicating residency in Tennessee prior to January 1, 2001 or a Tennessee driver license issued prior to January 1, 2001. _____
 - b. All documentation to support the apprenticeship or tutorial program and how it meets NCCAOM standards must be sent directly from the program or NCCAOM to the Administrative Office. _____
2. Continuous practice of acupuncture in Tennessee since January 1, 2001, and having a license/certificate in good standing to practice acupuncture in another state immediately prior to practicing in Tennessee. _____
 - a. Continuous practice in Tennessee since January 1, 2001 may be proven by submission of either of the following: _____
 - (i) Photocopies of paycheck(s), paycheck stub(s), or Internal Revenue Service (IRS) Forms W-2, 1099-Misc., or Schedules C or C-EZ for IRS Form 1040 to verify proof of income from the practice of acupuncture; or _____
 - (ii) Notarized letters from two (2) individuals other than family members attesting to the applicant's continuous practice. _____
 - b. A certificate of licensure/certification in good standing in another state must be submitted directly from that state licensure/certification agency to the Administrative Office and show a date of issuance prior to the date on which the applicant commenced practice in Tennessee. _____
 - c. The Declaration of Citizenship, Attachment 4, must be completed and submitted before this application can be processed. _____

UNDERSTANDING THE APPLICATION PROCESS

If an address change occurs at any time, you must notify the Committee's administrative office, in writing, immediately.

1. All application fees and provisional licensure fees are non-refundable.
2. All documents and fees required to be submitted by you or which must be requested from the appropriate institutions in this application process, must be mailed directly to:
Tennessee Board of Medical Examiners'
Committee for Acupuncture
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243
3. Allow fourteen (14) working days for information mailed to our office to be received and placed in your file. Federal Express or special courier services will not appreciably reduce the processing time. Additionally, if Federal Express or special courier services are used you will be responsible for charges incurred. The Committee asks that you please give the administrative office every consideration in this matter.
4. If necessary documentation has not been received when your application has been received by the Committee's administrative office, an initial deficiency letter will be sent to you. The supporting documentation requested in the letter must be received in the Committee's administrative office sixty (60) days from the date of the initial deficiency letter. Files not completed within sixty (60) days will be closed.
5. Absent any complicating factors, the average application processing time is six weeks. Once the application is completed, your file will be promptly reviewed and an initial certification determination made. You will be promptly notified by letter of the initial determination. If your application is approved you will be able to view certification approval online at <http://tennessee.gov/health/>.
6. It is recommended that you do not make arrangements to accept employment as a Licensed Acupuncturist in Tennessee until you are granted a license by the Committee for Acupuncture. When a license is granted, the only title you may use is Licensed Acupuncturist.
7. You have the option to receive all correspondence from the Department of Health electronically. Should you "opt in," you will no longer receive physical mail from this office. Opting in does not discharge your obligation to provide the Department with a current physical address and email address. You are required by statute and rule to notify your licensing board of an address change within thirty (30) days of any such change.
8. All documents provided to this office in conjunction with your request for an acupuncture license becomes part of the public record and must be released pursuant to a public records request.

Thank you for your cooperation. We will make every effort to expedite your application in an efficient manner.

**ATTACH A
CURRENT FULL-
FACE
PHOTOGRAPH**



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243

**FOR OFFICIAL USE
ONLY**

2483-001 \$750.00
2483-006 \$ 10.00
\$760.00

**BOARD OF MEDICAL EXAMINERS
TENNESSEE COMMITTEE FOR ACUPUNCTURE**
(800) 778-4123, ext. 532-4384 or Local (615) 532-3202, ext. 532-4384
www.tennessee.gov/health

APPLICATION FOR LICENSED ACUPUNCTURIST

Please **check** the appropriate category for which you are applying:

License by Diplomate Status

License by Grandfather Clause

License by Reciprocity

PERSONAL INFORMATION

PLEASE PRINT IN INK

Name as it will appear on license: _____
(First) (Middle) (Last)

Have you been known by any other name? Y N If yes, list names: _____

Date of Birth: Mo. ____ Day ____ Yr. ____ Social Security Number: ____ - ____ - ____

U.S. Citizen: Y N

Are you entitled to Live and Work in U.S.? Y N

Are you a member of the U.S. armed forces who has, within the preceding 180 days, retired from the armed forces, received any discharge other than a dishonorable discharge from the armed forces, or been released from active duty to a reserve component of the armed forces? Y N (If yes, please provide proof of status.)

Are you the spouse of a member of the armed forces who has been transferred by the military to Tennessee or who has, within the preceding 180 days, retired from the armed forces, received a discharge other than a dishonorable discharge from the armed forces or been released from active duty to a reserve component. (If yes, please provide proof of same.) Y N

Present Mailing Address: _____ Home Phone: (____) _____

_____ Work Phone: (____) _____

_____ Gender: M F Race: _____

Email address: _____

Do you wish to receive notification, including renewal notification, from the Department of Health via email? Y N

Please note, by opting in, all correspondence from the Department of Health will be delivered to the email address on file for you. You will no longer receive physical mail from our office.

EDUCATIONAL AND EMPLOYMENT INFORMATION

Please provide the following information for all educational institutions you have attended beyond high school. Use the back of this page if you need additional space.

From: _____ To: _____
 MM/YY MM/YY Educational Institution/Location Degree Earned

From: _____ To: _____
 MM/YY MM/YY Educational Institution/Location Degree Earned

Please complete your entire employment history starting with the most current position first. Use the back of this page if you need additional space.

<u>DATES</u>	<u>LOCATION</u>	<u>POSITION AND DUTIES</u>
From: _____ To: _____ MM/YY MM/YY	_____ (Name of Location)	_____ _____
	_____ (City) (State)	_____ _____
From: _____ To: _____ MM/YY MM/YY	_____ (Name of Location)	_____ _____
	_____ (City) (State)	_____ _____
From: _____ To: _____ MM/YY MM/YY	_____ (Name of Location)	_____ _____
	_____ (City) (State)	_____ _____

LICENSURE INFORMATION

Are you or have you ever been licensed in this profession in another state? YES NO

Are you or have you ever been licensed in any other profession in Tennessee or another state? YES NO

List below all states, countries or provinces in which you have ever been or currently are licensed, permitted or certified. Submit a copy of **Attachment 1** to all such states, countries, or provinces regarding such licensure, certification or permit. Use the back of this page if you need additional space.

STATE	PROFESSION	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever previously applied for an acupuncture license in Tennessee? YES NO

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If any answers to the questions in this part are in the affirmative, attach an explanation on a separate sheet. *In support of your explanation, the final documents or orders from the issuing states, courts, or agencies must be submitted along with this application.*

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

1. **"Ability to practice your profession"** is to be construed to include all of the following:
 - a. The cognitive capacity to make appropriate clinical diagnoses, exercise reasoned medical judgments, to learn, and keep abreast of medical developments;
 - b. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
 - c. The physical capability to perform professional tasks and procedures required of your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **"Medical Condition"** includes physiological, mental or psychological conditions including, but not limited to: orthopedic, visual, speech and/or hearing impairments, emotional or mental illness, specific learning disabilities, drug addiction, and alcoholism.
3. **"Minor Traffic Offense"** generally means moving and non-moving violations punishable by fines only and does not include offenses such as driving under the influence or while intoxicated or reckless driving.
4. **"Chemical substances"** 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.
5. **"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 or alcohol may have an ongoing impact on one's functioning as a licensee or within the past two (2) years.
6. **"Illegal use of illicit or controlled substances"** means the use of substances obtained illegally (e.g., heroin or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS

YES NO

- | | | | |
|----|---|-----|-----|
| 1. | Do you currently have any physical or psychological limitations or impairments caused by an existing medical condition which are reduced or ameliorated by ongoing treatment or monitoring, or the field of practice, the setting or the manner in which you have chosen to practice? | ___ | ___ |
| 2. | Do you currently use any chemical substances which in any way impair or limit your ability to practice your profession with reasonable skill and safety? | ___ | ___ |

If so, please list: _____

[If you receive such ongoing treatment or participate in such a monitoring program, the Committee will make an individual 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 should be issued, whether conditions should be imposed or whether you are not eligible for licensure.]

COMPETENCY INFORMATION continued

QUESTIONS: Please respond to ALL questions. If you answer "YES" to any question, please attach a written explanation.		YES	NO
3.	At any time within the past two years, have you engaged in the illegal use of illicit or controlled substances?	___	___
4.	Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you to assure that you do not consume alcohol and/or do not engage in the illegal use of illicit or controlled substances?	___	___
5.	Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or other diagnosis of a predatory nature?	___	___
6.	Have you ever held or applied for a license, privilege, registration or certificate to practice as an acupuncturist in any state, country, or province, that has been or was ever denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?	___	___
7.	Have you ever had staff privileges at any hospital or health care facility that were ever revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action?	___	___
8.	Have you ever applied for or held a state or federal controlled substance certificate that was ever denied, revoked, suspended, restricted, voluntarily surrendered or otherwise disciplined or surrendered under threat of restriction or disciplinary action?	___	___
9.	Have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than a minor traffic offense) whether or not sentence was imposed or suspended?	___	___
10.	Have you ever been rejected or censured by a professional association or society?	___	___
11.	In relation to the performance of your professional services in any profession:		
	a. Have you ever had a final judgment rendered against you;	___	___
	b. Have you ever entered into any settlement of any legal action; or	___	___
	c. Are there any legal actions pending against you or to which you are a party?	___	___
12.	Have you ever held a license, registration, privilege or certificate in any profession that has ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action in any jurisdiction?	___	___
13.	My name has been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry or an abuse registry in another state)	___	___
14.	Have you ever failed a licensure or certification examination?	___	___
	If yes, which exam and how many times have you failed? _____		



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243

TENNESSEE COMMITTEE FOR ACUPUNCTURE
(800) 778-4123, ext. 532-4384 or Local (615) 532-3202, ext. 532-4384
<http://tennessee.gov/health/>

CLEARANCE FROM OTHER STATE LICENSURE BOARDS

APPLICANT: Please provide the information requested in the top box and then mail one form to the licensure board in EACH state where you **hold or have ever held** a license to practice any profession. (Copies of this form can be used). **NOTE:** Some states require a fee for providing clearance information. To expedite your application, you may wish to contact the applicable state(s).

To Be Completed By Applicant (Please Print In Ink)

I, the undersigned applicant, was granted a (**circle one**) license or certificate to practice _____ (Profession)
 numbered _____ on _____ in the State of _____ (Date)
 The Committee for Acupuncture of Tennessee requests that I submit evidence of the current status of that license or certificate in your state.
 You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Tennessee Committee for Acupuncture.

Date _____ Applicant's Signature _____
 Applicant's typed or printed name _____

To Be Completed By Administrative Office of State Licensure Board

Name In Full As it Appears On License/Certificate or Permit:
 _____ (First) _____ (M.I.) _____ (Last)

License/Certificate/Permit Number: _____ Profession: _____
 Date Issued: _____ Expiration Date: _____

Basis of Issuance: _____ Endorsement/Reciprocity with _____ (State)
 (Check One) _____ Written Examination _____

Is the license currently active and registered? Yes _____ No _____
 Is there any derogatory information on file? Yes _____ No _____ If yes, please attach supporting documentation.

 Authorized Signature Title Date

Please mail directly to: Tennessee Committee for Acupuncture
 665 Mainstream Drive
 Nashville, TN 37243t



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243

ADVISORY COMMITTEE FOR ACUPUNCTURE
(800) 778-4123, ext. 532-4384 or Local (615) 532-3202, ext. 532-4384
<http://tennessee.gov/health/>

NCCAOM VERIFICATION

Please complete this form and mail it to the address below:

**National Certification Commission for Acupuncture and
Oriental Medicine
76 South Laura Street, Suit 1290
Jacksonville, FL 32202**

To Be Completed By Applicant (Please Print In Ink)

Dear NCCAOM Official:

I am applying for a license to practice as an Acupuncturist in the State of Tennessee. By signing this document I authorize the National Certification Commission for Acupuncture and Oriental Medicine Office to release verification of my membership directly to the State Board of Medical Examiners' Committee for Acupuncture.

Applicant's Name: _____
(First) (Middle) (Last)

Social Security No.: _____
Signature for Release of Information

PLEASE MAIL VERIFICATION DIRECTLY TO:

**Advisory Committee for Acupuncture
665 Mainstream Drive
Nashville, TN 37243**