



State of Idaho
Division of Occupational and Professional Licenses
Idaho Board of Acupuncture

BRAD LITTLE
Governor
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Administrator

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APPLICATION INSTRUCTIONS FOR ACUPUNCTURE LICENSE OR CERTIFICATION

You must be licensed or certified to practice. **Incomplete applications that do not include all the items required will delay licensure.**

Please keep a copy of this application for your records

Application Checklist for Original Licensure by Exam:

This method is for those who are new acupuncture licensees. Those who are licensed in another state with requirements substantially similar to Idaho should follow the endorsement requirements below this section. Each application for licensure by exam must document, to the satisfaction of the Board, that the applicant has met the following requirements:

- Completed application, signed, and notarized with notary seal.
- Application fee of \$50.00 and initial licensure fee of \$150.00 (**total \$200.00**). Please make checks and money orders payable to DOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid. FEES ARE NOT REFUNDABLE.
- Proof of successful completion of either option below received from the issuing authority:
 - the requirements to be a candidate for certification by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM);OR
 - graduation from an approved formal full-time acupuncture program of at least 1725 hours of entry level education
- Proof of successful completion of an acupuncture internship, or other equivalent experience,
- Proof of having received a passing grade on an NCCAOM acupuncture examination or other equivalent demonstration of proficiency (official exam scores must be received directly from NCCAOM),
- Proof of successful completion of a Clean Needle Techniques course and examination, incorporating Blood Borne Pathogen curriculum and OSHA procedures. For more information about this course contact the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM). (Official documentation must be received from CCAOM).
- The experience addendum.
- Proof of identification – a clear and readable copy of a government-issued photo ID such as a passport, military ID, or valid driver's license is acceptable.
- Copy of legal name change, if applicable (marriage license, divorce decree or court order). This is applicable if the name used on any accompanying documents, such as transcripts or proof of age, does not match the name on the application.

Application Checklist for Licensure by Endorsement:

The Board may waive the above requirements and grant a license to any applicant who presents proof of holding a current license to practice acupuncture in another state, the District of Columbia, or territory of the United States, if the standards for said licensure are considered by the Board to be equivalent to the requirements for licensure in Idaho. Each application for licensure by endorsement must document, to the satisfaction of the Board, that the applicant has met the following requirements:

- Completed application, signed and notarized with notary seal.
- Application fee of \$50.00 and initial licensure fee of \$150.00 (**total \$200.00**). Please make checks and money orders payable to DOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid. FEES ARE NOT REFUNDABLE.
- Official documentation of certification from the National Certification Commission for Acupuncture & Oriental Medicine, if applicable.
- Certification(s) of licensure in good standing in another state with substantially equivalent requirements to those in Idaho, must be sent directly to our office from the state(s) where you are currently or have ever been licensed. If states have a primary source verification website you may print off the information and send it with your application. Print out must include primary source verification language and include disciplinary. Please also provide a copy of the education and experience requirements sections of licensure laws and rules for that state.
- The experience addendum.
- Proof of identification – a clear and readable copy of a government-issued photo ID such as a passport, military ID, or valid driver's license is acceptable.
- Copy of legal name change, if applicable (marriage license, divorce decree or court order). This is applicable if the name used on any accompanying documents, such as transcripts or proof of age, does not match the name on the application.

Application Checklist for Licensure for Certification:

This method is for those who possess a doctoral degree in chiropractic, dentistry, podiatric medicine, or naturopathic medicine from a college or university accredited by an organization approved by the U.S. Department of Education or Idaho State Board of Education. Each application for certification must document, to the satisfaction of the Board, that the applicant has met the following requirements:

- Completed application, signed, and notarized with notary seal.
- Application fee of \$50.00 and initial certification fee of \$150.00 (**total \$200.00**). Please make checks and money orders payable to DOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid. FEES ARE NOT REFUNDABLE
- Proof of successful completion of:
 - an examination or other demonstration of proficiency as approved by the board and the requirements for full membership of the American Academy of Medical Acupuncture (AAMA);
- OR
 - possess a doctoral degree in chiropractic, dentistry, podiatric medicine, or naturopathic medicine from a college or university accredited by an organization approved by the U.S. Department of Education or Idaho State Board of Education; and a minimum of 100 hours of didactic course work in acupuncture taught by a NCCAOM certified acupuncturist who has been practicing acupuncture for at least five (5) years and is currently licensed, 200 hours of practice as a certified acupuncture technician or as an acupuncture trainee permit holder over a 1 year period, and 25 case studies; and receive a passing grade on a Board approved examination that measures minimum competency;
- Proof of successful completion of a Clean Needle Techniques course and examination, incorporating Blood Borne Pathogen curriculum and OSHA procedures. For more information about this course contact the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM). (Official documentation must be received from CCAOM).
- The experience addendum.
- Proof of identification – a clear and readable copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license is acceptable.
- Copy of legal name change, if applicable (marriage license, divorce decree or court order). This is applicable if the name used on any accompanying documents, such as transcripts or proof of age, does not match the name on the application.

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

- To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.

Note: The applicant’s signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language “subscribed and sworn” must appear before the applicant’s signature. An “acknowledgement” where the notary only verifies the identity of the applicant is not acceptable.

12. Have you met the requirements for fellowship in the International Academy of Medical Acupuncture or similar entity? Yes No

(If Yes, official documentation must be received by the Board directly from said entity.)

13. Have you completed an acupuncture apprenticeship, internship, or pre-professional practice program? Yes No

(If Yes, Please list the full name and address of your internship or program supervisor below:)

14. Have you ever completed a course on Clean or Sterile Needle Technique? Yes No

(If Yes, certified documentation must be received by the Board directly from the course provider.)

15. Have you ever had any healthcare license, certification, or permit revoked, suspended or otherwise sanctioned? Yes No

(If yes, a copy of the charges and the final order must be received by the Board before your application will be processed.)

16. Have you ever been convicted of any State or Federal felony? Yes No

(If yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.)

Complete and attach the entire ACUPUNCTURE APPLICATION ADDENDUM.

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

Signature of Applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature
My Commission Expires _____

Note: The applicant's signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language "subscribed and sworn" must appear before the applicant's signature. An "acknowledgement" where the notary only verifies the identity of the applicant is not acceptable.

ACUPUNCTURE APPLICATION ADDENDUM

A. ACUPUNCTURE OR RELATED WORK EXPERIENCE: List your work experience including employers' names, addresses, phone numbers and dates of practice.

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYER'S NAME _____ PHONE NO. _____

DATES OF EXPERIENCE FROM: _____ TO: _____

NARRATIVE OUTLINING SCOPE OF DUTIES

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYER'S NAME _____ PHONE NO. _____

DATES OF EXPERIENCE FROM: _____ TO: _____

NARRATIVE OUTLINING SCOPE OF DUTIES

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYER'S NAME _____ PHONE NO. _____

DATES OF EXPERIENCE FROM: _____ TO: _____

NARRATIVE OUTLINING SCOPE OF DUTIES

(If more space is needed, attach a separate sheet of paper.)

B. CURRENT LICENSES AND CERTIFICATIONS: Please list below any licenses, certifications, or other regulatory credentials ever held, including current status (active, inactive, suspended, revoked, otherwise sanctioned, etc.)

LICENSURE/CERTIFICATION TITLE _____

ISSUING ENTITY _____

DATE ISSUED _____ **CURRENT STATUS** _____ **EXPIRATION DATE** _____

IF EVER SANCTIONED, LIST REASON AND SANCTION DESCRIPTION

LICENSURE/CERTIFICATION TITLE _____

ISSUING ENTITY _____

DATE ISSUED _____ **CURRENT STATUS** _____ **EXPIRATION DATE** _____

IF EVER SANCTIONED, LIST REASON AND SANCTION DESCRIPTION

LICENSURE/CERTIFICATION TITLE _____

ISSUING ENTITY _____

DATE ISSUED _____ **CURRENT STATUS** _____ **EXPIRATION DATE** _____

IF EVER SANCTIONED, LIST REASON AND SANCTION DESCRIPTION

(If more space is needed, attach a separate sheet of paper.)