



State of Idaho

Division of Occupational and Professional Licenses Idaho Board of Acupuncture

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Governor
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APPLICATION FOR ACUPUNCTURE TRAINEE PERMIT INSTRUCTIONS

Please keep a copy of this application for your records.

Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) will delay licensure.

Checklist for Trainee Permit Application:

Each applicant for a trainee permit 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 trainee permit 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:
 - Current enrollment and active pursuit of completion of a formal full-time acupuncture educational program that has been accredited or is a candidate for accreditation by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) or has completed an equivalent evaluation by an agency approved by ACAOM ;
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 completed a minimum of 100 hours of didactic course work in acupuncture taught by a NCCAOM certified acupuncturists who has been practicing acupuncture for at least five (5) years and is currently licensed;
- Affidavit from a licensed or certified acupuncturist who will be providing supervision.
- A supervision plan specifying a supervisor.
- The reference and 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.

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

This Trainee Permit is limited to one year from the date of issue. Before the permit expires, the Trainee Permit holder may request a renewal of the permit based on good cause. A permit holder may only practice under the supervision of a licensed or certified acupuncturist.

Please note: At the end of training, applicants need to submit the following:

- **Documentation of 25 case studies**
- **A signed supervisor letter detailing the training**

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](#).

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

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.

APPLICATION FOR AN ACUPUNCTURE TRAINEE PERMIT

I hereby submit my qualifications and make application for an Acupuncture Trainee Permit to practice Acupuncture in the State of Idaho under the provisions of Title 54, Chapter 47, Idaho Code as amended and provide the following:

1. Full Name (Mr., Mrs., or Ms.) _____

2. Address of Record _____
(The above address is a public record.) Street City State Zip

3. Mailing Address _____
(Will be used as address of record if none provided above.) Street/PO Box City State Zip

4. Social Security No. ____/____/____ Date of Birth ____/____/____
(This is not a public record; required by I.C. § 73-122.) mm dd yyyy
(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 must be attached.)

5. E-mail _____
(This is not a public record; required by I.C. § 67-2609.)

6. Business Phone (____) _____ Other Phone (____) _____
(This number is a public record.) (This number is not a public record.)

7. Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?
() Yes () No

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

9. 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.)

10. I am applying for a trainee permit based upon meeting the following:
[] I am currently enrolled in an Approved Acupuncture Program and actively pursuing completion of the program.
[] I 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 have completed the one hundred (100) hours of didactic course work.
(Official documentation must be received by the Board directly from the issuing authority)

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 _____

**ACUPUNCTURE TRAINEE PERMIT
APPLICATION ADDENDUM**

A. ACUPUNCTURE TRAINING AND EXPERIENCE: Please provide your academic and other training and/or experience in health care, to date, as required by Idaho Code § 54-4708(2).

NAME OF BUSINESS or ACADEMIC INSTITUTION _____

ADDRESS OF BUSINESS _____

CONTACT NAME _____ PHONE NO. _____

DATES OF EXPERIENCE FROM: _____ TO: _____

NARRATIVE OUTLINING SCOPE OF TRAINING OR EXPERIENCE:

NAME OF BUSINESS or ACADEMIC INSTITUTION _____

ADDRESS OF BUSINESS _____

CONTACT NAME _____ PHONE NO. _____

DATES OF EXPERIENCE FROM: _____ TO: _____

NARRATIVE OUTLINING SCOPE OF TRAINING OR EXPERIENCE:

NAME OF BUSINESS or ACADEMIC INSTITUTION _____

ADDRESS OF BUSINESS _____

CONTACT NAME _____ PHONE NO. _____

DATES OF EXPERIENCE FROM: _____ TO: _____

NARRATIVE OUTLINING SCOPE OF TRAINING OR EXPERIENCE:

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

