

Commonwealth of Massachusetts
COMMITTEE ON ACUPUNCTURE
200 Harvard Mill Square, Suite 330, Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383
www.mass.gov/massmedboard

IMPORTANT INFORMATION FOR THE APPLICANT

Welcome to Massachusetts and thank you for choosing our state to practice acupuncture. This application is for U.S. and international acupuncture school graduates applying for a full acupuncture license in Massachusetts for the first time.

It is extremely important that you read and follow all instructions carefully. Please make a copy of your license application and supplement before you submit them to the Committee on Acupuncture (COA). When sending your application and supplement, please use one of the tracking services offered by the post office or commercial shippers. **Please note that you must collect all documents listed on the Required Documents Checklist. Documents from primary sources must be collected in sealed envelopes and included in the original sealed envelopes with your license application; otherwise, your license will be significantly delayed. Your application cannot be processed until the Board receives all of the required documents.**

Approximately four (4) weeks after receipt of your license application and all accompanying documents, the Licensing Division will notify you about any additional documentation needed.

Application processing time is dependent upon receipt of all supporting documents. Under Massachusetts law, you may not practice acupuncture independently until you have received a full license. The COA strongly recommends that you do not make any commitments such as home purchases, loans, etc. until you have been granted a license to practice acupuncture in Massachusetts.

If you previously held a Massachusetts full acupuncture license, you must file a lapsed license application. Please contact the Licensing Division at (781) 876-8210 to request a lapsed license application.

Commonwealth of Massachusetts
COMMITTEE ON ACUPUNCTURE
200 Harvard Mill Square, Suite 330, Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383
www.mass.gov/massmedboard

CHECKLIST FOR FULL ACUPUNCTURE LICENSE APPLICANTS

The checklist below "✓" identifies the forms required for U.S. graduates (U.S.) and international medical graduates (IMG). Please use the checklist as a guide in completing your license application forms. All forms which must be mailed to the Committee on Acupuncture should be included with your completed Full Acupuncture license application.

Data	Description of Form	U.S.	IMG	Mail to:
<u>Personal</u>				
<input type="checkbox"/>	Application Fee	✓	✓	Committee on Acupuncture
<input type="checkbox"/>	Full Acupuncture License Application	✓	✓	Committee on Acupuncture
<input type="checkbox"/>	Curriculum vitae	✓	✓	Committee on Acupuncture
<input type="checkbox"/>	Supplement to Application	✓	✓	Committee on Acupuncture
<input type="checkbox"/>	Authorization Release form	✓	✓	Committee on Acupuncture
<input type="checkbox"/>	Certificate of Moral Character	✓	✓	Committee on Acupuncture
<input type="checkbox"/>	CORI Acknowledgment Form	✓	✓	Committee on Acupuncture
<u>Education</u>				
<input type="checkbox"/>	*Undergraduate transcripts	✓	✓	Undergraduate training programs
<input type="checkbox"/>	*Acupuncture Education Transcripts	✓	✓	Acupuncture training programs
<input type="checkbox"/>	*Diplomas and Certificates (notarized)		✓	Committee on Acupuncture
<u>Examinations</u>				
<input type="checkbox"/>	Exam Results/Status Report	✓	✓	Request from NCCAOM
<input type="checkbox"/>	*TOEFL		✓	TOEFL website at www.toefl.com
<u>Other</u>				
<input type="checkbox"/>	*State License Verification	✓	✓	Current & past state license boards
<input type="checkbox"/>	**Malpractice History Form	✓	✓	Current and past liability carriers
<input type="checkbox"/>	*National Practitioner Data Bank	✓	✓	National Practitioner Data Bank

*The above listed forms must be obtained from the primary source and enclosed with your Full Acupuncture License Application in the original sealed envelopes. The forms are included in the Full Acupuncture License kit at the Board's website. Please refer to the Full Acupuncture License Requirements Instructions.

**MAKE A COPY OF YOUR FULL ACUPUNCTURE LICENSE APPLICATION AND
SUPPLEMENT BEFORE SENDING THEM TO THE COA.**

Commonwealth of Massachusetts
COMMITTEE ON ACUPUNCTURE
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383
www.mass.gov/massmedboard

FULL ACUPUNCTURE LICENSE INSTRUCTIONS

TABLE OF CONTENTS

General Information.....	2
Committee on Acupuncture	2
Education Requirements	2
NCCAOM Board Certification Requirements.....	3
Full v. Lapsed Acupuncture License	5
Address Change	5
Birthday Renewal.....	5
Processing Time for Applications.....	5
Practice of Acupuncture.....	5
Application Instructions.....	6
Forms and Documents Required.....	8
Authorization for Release of Information.....	8
Criminal Offender Record Information (CORI)	8
Supplement Form.....	8
Certificate of Moral and Professional Character	9
Chinese Herbal Therapy Authorization	9
Undergraduate Education.....	9
Acupuncture License Examinations	9
Acupuncture and Other State Licenses	9
National Practitioner Data Bank Profile	10
Malpractice History Form.....	10
Legal and Criminal Issues.....	10
International Graduates – Additional Documentation	10
TOEFL Examination.....	11
Foreign School Certificate or Diploma.....	11
Notarization of Documents	11
Translation of Documents.....	11
List of Forms and Documents Required for Submission with Application.....	12

GENERAL INFORMATION

The Committee on Acupuncture (COA)

The Committee on Acupuncture (COA) is comprised of seven members: a physician member of the Board; a licensed physician who is actively involved in the practice of acupuncture for at least two (2) years; a public member who is not engaged in or has a financial interest in the delivery of health services; and four acupuncture practitioners. The role of the Committee on Acupuncture is to work collaboratively to regulate the practice of acupuncture. The COA establishes the standards for acupuncture licensure and scope of practice.

The COA's primary function is to protect the safety of the public by ensuring that applicants applying for licensure to practice acupuncture are qualified, competent and possess the education, examination and training requirements established by the COA. The COA meetings are held at least four (4) times a year at the offices of the Board of Registration in Medicine and are open to the public. (See Acupuncture meeting schedule at the Board's website).

Education Requirements

The COA regulations require the following education requirements for a full acupuncture license:

1. The applicant has completed two full years of undergraduate study (60 semester hours or 90 quarter hours or the equivalent) at an accredited college or university, (this accredited college or university cannot be your acupuncture school) or foreign institution, which the COA deems the equivalent.
2. The applicant has successfully completed, at an accredited college or at a COA approved acupuncture school, a three (3) semester hour course in each of the following: general biology, human physiology, and human anatomy. As of July 1 2009, applicants entering acupuncture school must have completed a laboratory course requirement for at least one of the science courses listed above.
3. As of January 1, 2009, an applicant for a full acupuncture license must, a) be a graduate of a COA approved acupuncture school, and b) have a minimum of 1905 hours of clinical and didactic instruction in acupuncture related courses, of which a minimum of 100 hours must be in the supervised diagnosis and treatment of patients for whom the applicant is solely responsible. Coursework in general biology, human physiology, and human anatomy are excluded from the 1905 hours of required acupuncture education. The Committee, in its discretion, may grant a waiver of this requirement for applicants who are licensed acupuncturists in another state.

4. The acupuncture school must be a COA approved school on the date the applicant graduates from the school. A list of approved acupuncture schools is available at the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) website at www.acaom.org.
5. An applicant for a full acupuncture license must have received a minimum of 30 hours of herbal medicine training from a COA approved school or COA program in order to be licensed.
6. Initial license applicants after January 1, 2009 may obtain Committee approval to employ herbal therapy including patent or raw herbs, by submitting evidence of the following:
 - a. completion of an ACAOM accredited or candidate status oriental medicine program with a minimum of 1,905 hours of clinical/didactic training, of which at least 660 hours were training hours in herbs and at least 210 of those were clinical hours in acupuncture and herbs; and
 - b. certification by NCCAOM in Chinese Herbology

Foreign applicants must have a minimum of five (5) academic years of study, of which three (3) academic years must consist of acupuncture training in a COA approved school. All transcripts must be in English and must state the number of hours for each class, the number of hours for the entire program, the number of months in attendance and the date the diploma was awarded.

The COA will recognize only foreign schools that are government approved. As of January 1, 2009, educational institutions outside the United States, Puerto Rico, the District of Columbia and the territories of the United States will be approved by the Committee on a case by case basis, according to the standards set by the American Association of Collegiate Registrars and Admissions Officers (AACRAO). Graduates of a foreign school must submit a completed AACRAO credentials review report to the committee and the Committee will determine whether to approve the acupuncture school on the basis of the report and any other additional information it may deem necessary. You may access the AACRAO website at www.aacrao.org to obtain information on verification of foreign medical schools.

Applicants who received either their undergraduate and/or acupuncture education outside of the United States must submit both the original and a notarized copy of their diplomas or their certificates.

NCCAOM Board Certification Requirements

As of January 1, 2009, an applicant for initial licensure must be NCCAOM board certified in Acupuncture, Oriental Medicine or Chinese Herbology.

Please read the following instructions carefully before submitting an application for a full acupuncture license.

If you are a U.S. graduate, do not apply for your undergraduate education transcripts or transcripts from your acupuncture training until you are ready to send your acupuncture license application to the COA.

If you are an international acupuncture graduate please contact your acupuncture school as soon as possible to ensure that the documents will be received. Please do not request your acupuncture examination scores, legal or malpractice documents (if applicable) until after you receive all of the documents that you need to send to the COA with your complete acupuncture license application. This includes Massachusetts and other state license verifications, moral character form and the National Practitioner Data Bank profile in sealed envelopes, which must be sent to the COA with your full acupuncture application in the original envelope.

The Massachusetts licensing examination is administered by National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) and consists of the following parts: 1) the NCCAOM comprehensive Written Examination (CWE) and/or The Foundations of Oriental Medicine Module (FOMM) and The Acupuncture Module (AM); 2) NCCAOM practical Examination of Point Location Skills (PEPLS) and/or The Point Location Module (PLM); and 3) The Biomedicine Module (for graduates after January 1, 2007). A detailed description of the education and examination requirements is available in the Committee on Acupuncture Requirements and Instructions for Applying for a Full License in Massachusetts. Failure to comply with the instructions may delay processing your acupuncture license application.

The full acupuncture license application packet consists of the forms required for completing the application process. You may download additional forms at the Board of Registration in Medicine Acupuncture website at www.mass.gov/massmedboard.

- Print information in blue or black ballpoint pen. Illegible information will result in delayed processing.
- Provide a response to each applicable piece of information that is asked of you in the application packet.
- Include all components of the requested information, especially complete names and addresses of medical schools and hospitals. Failure to submit full addresses will result in delayed processing.
- Provide complete dates (both month and year) as indicated on the acupuncture license application and attach a separate sheet of paper if necessary.
- Account for any gaps longer than three months following your graduation from acupuncture school.

Full v. Lapsed Acupuncture License

If you have ever held a Massachusetts full acupuncture license in the past, do not use the full license application form. You must complete a lapsed license application to revive your lapsed license. Please contact the Licensing Division at (781) 876-8210.

Address Change

The Board's regulations require that you must notify the COA within thirty (30) days, in writing, when you change your address. Your wallet card will be sent to the mailing address that you provide on your full acupuncture license application.

Birthday Renewal

Renewal of your full acupuncture license will be the second year following the year in which the full license was granted, unless that date is within 15 months of the date that the license was originally granted, in which case the first renewal date is the third year following the year in which the license was granted. Thereafter, the full acupuncture license must be renewed every two years on your birthday.

Processing Time for Applications

The processing time for a full acupuncture license application is dependent upon receipt of all supporting documents. Routine processing of a full license application usually requires a minimum of twelve (12) weeks for U.S. graduates if there are no legal or medical issues. Acupuncture license applications with malpractice or legal issues will require more time to process. International acupuncture graduate full license applications may take up to six months to process depending on the length of time to receive the required documentation. You will be notified if additional documents are required. If you wish acknowledgement of receipt of your full acupuncture license application, please mail your application by certified mail, return receipt requested.

Completed acupuncture applications are presented to the COA at least four (4) times a year. A list of meeting dates is available on the COA's website at www.mass.gov/massmedboard. Following approval of your full acupuncture license, your wallet-sized card and certificate of licensure will be mailed to you within three (3) business days. The COA strongly recommends that you do not make any commitments in Massachusetts on home purchases, loans, etc., until you have been granted a license to practice acupuncture in Massachusetts.

Practice of Acupuncture

Please be advised that pursuant to Massachusetts laws and regulations, you may not practice acupuncture in an independent practice until you have received an acupuncture license. The applicant is responsible for determining that the COA has issued a license prior to practicing acupuncture.

Please do not send your full acupuncture license application to the Board until you have collected all of the following documents in sealed envelopes.

APPLICATION INSTRUCTIONS

Throughout this application, the following terms apply:

- U.S. graduates refers to graduates of acupuncture schools in the United States.
- International graduates refers to graduates of all acupuncture schools not located in the United States.

Application Fee

The application-processing fee for a full acupuncture license is \$300.00 and is a non-refundable fee. Please make your check payable to the Commonwealth of Massachusetts. A certified check or money order is preferred, but personal checks are accepted. Applications received without the \$300.00 fee will not be processed and will be returned to the sender.

Legal Name

Print your full legal name, as it should appear on your license.

Other Names Used

List any names that may appear on your undergraduate transcripts or any other legal documents. If the name on the first line of the application does not correspond with the name on accompanying credentials, you must submit a notarized copy of a document explaining the name change (either a court order or a marriage certificate). If the credential certificate is written in a foreign language, you must submit an officially notarized translation by a U.S. translator

Mailing, Home and Business Addresses

Provide your mailing address, business and home addresses and telephone numbers. The COA will send all correspondence to your mailing address. A post office box cannot be used for your business or home address, only the mailing address. Your mailing and business addresses are public record.

Social Security Number

Each applicant is required to provide the Committee on Acupuncture with a United States Social Security Number Pursuant to M.G.L. c. 30A, §13A.

National Provider Identifier (NPI)

In order for an acupuncture license to be issued, a valid NPI number must be provided. Applicants can apply for an NPI number directly by using the NPPES website at www.NPPEs.cms.hhs.gov.

Undergraduate Education

List all undergraduate colleges and universities chronologically, by month and year, with dates of attendance whether or not a degree was received.

Acupuncture Education

List colleges and universities attended chronologically, by month and year, along with the dates of your attendance, and any degrees that you received from the school.

Acupuncture Licenses

List all states where you ever had a full acupuncture license, whether the license is active or inactive or not renewed.

Other State Licenses

List all states and countries in which you are or were licensed, registered or otherwise practiced a healing art, other than acupuncture. Please include active, inactive and any licenses that were not renewed.

Acupuncture Examinations

Acupuncture licensure and certifications examinations must be listed. Include the name of the examination, the date attempted and the examination results.

Affidavit of Applicant

By signing the full acupuncture license application, under the penalties of perjury, you are confirming that the information provided is accurate.

Curriculum Vitae (Resume)

Please enclose your current curriculum vitae (resume) listing your work activities, by month and year, from the date that you graduated from acupuncture school to the date that your full acupuncture application is signed and dated.

FORMS AND DOCUMENTS REQUIRED FOR FULL ACUPUNCTURE LICENSE

IMPORTANT: You will be requesting that certain documents be returned directly to your address. Do not open the envelopes. The COA will not accept any opened envelopes and will return them to you. If the envelopes are opened, you will have to request the documents again and this will delay processing your full acupuncture license application.

Please note that the National Practitioner Data Bank will not have a signature across the seal of the envelope. However, if you or any other person opens the envelope, you will have to repeat the process to obtain this information and processing of your full acupuncture license application may be significantly delayed.

Authorization For Release of Information

The Authorization for Release of Information must be completed and returned to the COA with your full acupuncture application.

Criminal Offender Record Information (CORI)

Criminal Offender Record Information (“CORI”) is part of a general background check for licensing purposes. In order to complete this background check, applicants must submit a notarized CORI Acknowledgment Form. You must sign your name in the presence of a U.S. Notary Public. It is preferred that for purposes of identification, applicants submit identification issued by the U.S. government (i.e., driver’s license, identification card, etc.). If you do not have any identification issued by the U.S. government, an international passport may be used to verify the information on the CORI Acknowledgment Form.

In completing the CORI Acknowledgment Form, you will need to provide the following required information: Last Name; First Name; Date of Birth; Last 6 digits of your Social Security Number (“SSN”). If you do not have a SSN, then you must enter 6 zeros – zeros may only be used for CORI if you do not have a valid SSN.

Any applicant who has a valid SSN and submits a CORI with zeros for a SSN can be subject to civil and criminal penalties. The CORI forms must be completed and returned to the COA with your Full Acupuncture application.

Supplement Form

Every question on the Full Acupuncture Supplement must be answered “yes” or “no.” If a question is answered “yes” you must provide an explanation in the supplement section for those questions and provide the additional documents in sealed envelopes. Enclose the completed Supplement with your Full Acupuncture Application.

Certificate of Moral and Professional Character

The Certificate of Moral and Professional Character form must be completed and signed by the applicant and attested to by someone who is unrelated to the applicant and who has known the applicant for a minimum of three (3) years, preferably an acupuncturist licensed to practice in Massachusetts. The form must be notarized by a U.S. notary and returned to you in a sealed envelope.

Chinese Herbal Therapy Authorization

Authorization to employ Chinese Herbal Therapy, including patent or raw herbs, in acupuncture practice is required. The following documentation must be provided for COA approval:

- completion of an ACAOM accredited or candidate status oriental medicine program with a minimum of 1,905 hours of clinical/didactic training, of which at least 660 hours were training hours in herbs and at least 210 of those were clinical hours in acupuncture and herbs*; and
- certification by NCCAOM in Chinese Herbology.

*Please request your Oriental Medicine program to submit verification of your herbal training hours and clinical hours with your education transcripts.

Undergraduate Education

Contact all colleges and universities attended to request the transcripts confirming completion of two full years of undergraduate study (60 semester hours or 90 quarter hours or the equivalent).

An official transcript, with the registrar's signature and official school seal, must be requested in a sealed envelope. The transcript must include the number of classroom hours of didactic or clinical instructions. The transcript(s) must be returned to you in a sealed envelope.

Acupuncture License Examinations

Full acupuncture applicants who meet the educational and other requirements of the COA must complete the Massachusetts licensure examination administered by the NCCAOM.

For information or to request examination reports, please go to the NCCAOM website at www.nccaom.org. The examination reports will be sent directly to the COA electronically.

Acupuncture and Other State Licenses

You must contact every state or country where you ever held an acupuncture license or registration to practice acupuncture or any other healing art, whether the licenses are active or inactive. The state license verification(s) must be returned to you in a sealed envelope.

Please do not send your full acupuncture license application to the COA until you have received all state license verification from every state in which you ever held an acupuncture license, registration or license to practice any other healing art.

National Practitioner Data Bank Profile

License applicants must request a self-query profile from the National Practitioner Data Bank (NPDB). You may access the NPDB at www.npdb-hipdb.hrsa.gov and complete the self-query form online. After completing the self-query form, you will be required to verify your identity. In most cases this is an electronic process. If you are unable or unwilling to verify your identity electronically, you must verify your identity offline. The offline process requires you to print out a hard copy of your self-query form, have it notarized and forward it to the Data Bank.

Please note that the NPDB will offer you a pdf and a paper copy of your NPDB profile. You must request a paper copy of your NPDB profile in addition to the pdf. The NPDB profile will be sent to you in a sealed envelope and must be sent to the COA with your acupuncture application.

Malpractice History Form

Please note that liability coverage is not required for acupuncturists and therefore you are required to complete the Malpractice History form only if a claim was ever filed against you.

If you had any malpractice claims filed against you, you must complete the Malpractice History form listing all of your malpractice carrier. The original Malpractice History form must be returned to the COA with your full license application and a copy must be sent to all your liability carriers.

Legal and Criminal Issues

For each criminal proceeding in which you were named as a defendant, certified copies of the complaint, judgment or other disposition and a copy of the police report must be sent to the COA by your lawyer, the court or other appropriate agency. You must also provide a detailed explanation of the incident, including date, time, place, who was with you and the court action.

International Graduates - Additional Documentation Required

International acupuncture graduates must have a minimum of five (5) academic years of study, of which three (3) academic years must consist of acupuncture training in a COA approved school. All transcripts must be in English and must state the number of hours for each class, the number of hours for the entire program, the number of months in attendance and the date the diploma was awarded.

The COA will recognize only foreign schools that are government approved. In addition, the COA may verify the authenticity of the documents submitted by contacting the appropriate issuing institution.

Applicants who received either their undergraduate and/or acupuncture education outside of the United States must submit both the original and a notarized copy of their diplomas and/or certificates or bachelor degrees. As of January 1, 2009, educational institutions outside the United States, Puerto Rico, the District of Columbia and the territories of the United States will be approved by the Committee on a case by case basis, according to the standards set by the American Association of Collegiate Registrars and Admissions Officers (AACRAO). Graduates of a foreign school must submit a completed AACRAO credentials review report to the COA and the committee will determine whether to accept the acupuncture school on the basis of the report and any other additional information it may deem necessary. You may access the AACRAO website at www.aacrao.org to obtain information on verification of foreign schools.

TOEFL Examination

Effective December 13, 2001 all applicants for licensure whose native language is not English must submit proof of passing the TOEFL Exam with a score of 550 or better for the paper based score, 213 for the computer based score and 80 for the Internet passing score. The TOEFL examination must have been taken within two (2) years prior to date that the full acupuncture application was signed. The results of the TOEFL examination must be sent directly to the COA from the agency administering the examination. If you are requesting a waiver of the TOEFL Examination requirements, you must send a letter to the COA stating the reason(s) for requesting a waiver. The TOEFL waiver request must be submitted with your Full Acupuncture License application.

Foreign School Certificate or Diploma

Applicants who received either their undergraduate and/or acupuncture education outside of the United States must submit both the original and a notarized copy of their diploma and/or their certificate. If the original document is submitted to the COA, include a self-addressed envelope.

Notarization of Documents

Any copies of original documents submitted by an applicant must be notarized by a U.S. notary. The COA may at any time request that an applicant submit an original document for its inspection.

Translation of Documents

All documents that are in a language other than English must be translated, at the applicant's expense, by a U.S. translation service or a translation service approved by the COA. The translator must attest to the accuracy of the translation under penalty of perjury.

**FORMS AND DOCUMENTS REQUIRED FOR SUBMISSION WITH
FULL ACUPUNCTURE APPLICATION**

*****ALL DOCUMENTS SHOULD BE SUBMITTED AS ONE-SIDED*****

1. Full Acupuncture License Application
2. Curriculum vitae (resume)
3. Authorization for Release Form
4. CORI Acknowledgment Form
5. Supplement
6. Certificate of Moral and Professional Character Form*
7. Undergraduate education transcripts*
8. General biology, human anatomy and physiology official transcripts
9. State License Verifications*
10. National Practitioner Data Bank*
11. Initial Chinese Herbal Therapy Request form
12. Original diploma or certificate with a notarized copy and a self-addressed envelope (International Graduates only)
13. Malpractice History form (if applicable)

*Documents must be submitted in the original sealed envelopes.

Before mailing your full license application, please make a copy of your application and supplement for your records. The COA charges a fee for a copy of the full license application and you may experience a significant delay in receiving the copy.

Commonwealth of Massachusetts
COMMITTEE ON ACUPUNCTURE
200 Harvard Mill Square, Suite 330, Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383
www.mass.gov/massmedboard

FULL ACUPUNCTURE LICENSE APPLICATION

Application Fee: Please enclose a check or money order in the amount of \$300.00 made payable to the Commonwealth of Massachusetts. The application fee is non-refundable.

Check One: ☐ U.S. Graduate ☐ International Graduate

Legal Name (do not use nicknames or initials, unless they are part of your legal name)

Last Name (type or print clearly) First Middle Suffix (Jr., etc.)

☐ Male ☐ Female Indicate all degrees: _____

Other Name(s) Used - List any other name(s) you have used which may appear on your identifying documents, such as acupuncture education and examination records. If not applicable, check here ☐

Last Name (type or print clearly) First Middle Suffix (Jr., etc.)

Date of Birth: ____/____/____ Social Security Number: _____
Month Day Year

National Provider Identifier (NPI) Number _____

Place of Birth: _____
City State/Province/Territory Country if not US*

*Mailing Address: _____ Telephone: _____
Number and Street

City State/Province/Territory Zip (or postal) Code

Home Address: _____ Telephone: _____
Number and Street

City State/Province/Territory Zip (or postal) Code

Business Address: _____ Telephone: _____
Number and Street

City State/Province/Territory Zip (or postal) Code

E-mail Address: _____ Fax #: _____

***All correspondence will be sent to your mailing address**

1. UNDERGRADUATE EDUCATION: List below the colleges or universities you attended. An official transcript with the registrar's signature and official school seal is required . Please attach a separate sheet of paper if necessary.

Name of school: _____

Complete mailing address: _____

Dates attended: From: _____ / _____ To: _____ / _____
(Month) (Year) (Month) (Year)

Date Degree Awarded: _____ / _____
(Month) (Year)

Name of school: _____

Complete mailing address: _____

Dates attended: From: _____ / _____ To: _____ / _____
(Month) (Year) (Month) (Year)

Date Degree Awarded: _____ / _____
(Month) (Year)

List below the school(s) at which you completed three semester hour courses, or the equivalent, in general biology, human physiology, and human anatomy. An official transcript with with the registrar's signature and official school seal is required.

2. HUMAN ANATOMY (3 semester hour course)

Name of school: _____

3. HUMAN PHYSIOLOGY (3 semester hour course)

Name of school: _____

4. GENERAL BIOLOGY (3 semester hour course)

Name of school: _____

5. ACUPUNCTURE EDUCATION: List below the acupuncture school(s) you attended. An official transcript with with the registrar's signature and official school seal is required.

Name of school: _____

Complete mailing address: _____

Dates attended: From: _____ / _____ To: _____ / _____
(Month) (Year) (Month) (Year)

Date Degree Awarded: _____ / _____
(Month) (Year)

Name of school: _____

Complete mailing address: _____

Dates attended: From: _____ / _____ To: _____ / _____
(Month) (Year) (Month) (Year)

Date Degree Awarded: _____ / _____
(Month) (Year)

6. SUPERVISED PRACTICE: List the number of hours spent in the supervised diagnosis and treatment of patients for whom you were solely responsible. (100 hours required) _____

7. CHINESE HERBAL THERAPY COURSES: List the number of hours of Committee on Acupuncture (COA) approved Chinese Herbal Therapy courses. (30 hours required) _____

8. ACUPUNCTURE LICENSES

Have you ever been licensed or registered to practice acupuncture in any other states? ☐ YES ☐ NO

List states and countries in which you are currently or were licensed, registered or otherwise practiced acupuncture.

<u>State (abbr.)</u>	<u>License Number</u>	<u>Date Issued</u>	<u>Expiration Date</u>
_____	_____	____/____/____	____/____/____
_____	_____	____/____/____	____/____/____
_____	_____	____/____/____	____/____/____

9. LICENSES OTHER THAN ACUPUNCTURE

List states and countries in which you are or were licensed, registered or otherwise practiced a healing art other than acupuncture, such as message therapy, medicine, chiropractic, nursing dentistry, etc.
or ☐ None

<u>State (abbr.)</u>	<u>License Number</u>	<u>Date Issued</u>	<u>Expiration Date</u>
_____	_____	____/____/____	____/____/____
_____	_____	____/____/____	____/____/____
_____	_____	____/____/____	____/____/____

10. CERTIFICATION EXAMINATIONS

List acupuncture licensure and certification examinations you have taken previously. (Include the NCCAOM written exam, the NCCAOM practical exam of point location skills (PEPLS), the CCAOM CNT/Practical course, and state and foreign licensure examinations.) Add a separate sheet of paper if necessary.

<u>Name of Examination</u>	<u>Date Attempted</u>	<u>Examination Result</u>
_____	____/____/____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
_____	____/____/____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
_____	____/____/____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
_____	____/____/____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
_____	____/____/____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
_____	____/____/____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
_____	____/____/____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed

11. BOARD CERTIFICATION(S)

Applicants for a full acupuncture license must be currently NCCAOM board certified. Please indicate your board certification(s)

- | | |
|--------------------------------------------|---------------------------------|
| <input type="checkbox"/> Acupuncture | Expiration date: ____/____/____ |
| <input type="checkbox"/> Oriental Medicine | Expiration date: ____/____/____ |
| <input type="checkbox"/> Chinese Herbology | Expiration date: ____/____/____ |

Note: Please provide a copy of your curriculum vitae listing the dates of your professional activities and/or other work activities, in chronological order, from the date that you graduated from acupuncture school to the date that this application is signed for a full acupuncture license. Please provide information regarding any gaps between personal activities and /or other work activities..

12. STATEMENT OF APPLICANT

I hereby certify under penalty of perjury under the laws of the Commonwealth of Massachusetts that all statements made in this application and all information submitted in connection with this application are true in every respect. I understand that misstatements and omissions of material facts may be cause for denial of this application, or for suspension or revocation of a license, or other disciplinary action as appropriate.

I hereby authorize all hospitals, institutions, organizations, my references, personal physicians, employers, and all governmental agencies and instrumentalities (local, state, federal and foreign) to release to the Massachusetts Committee on Acupuncture any information, files or records requested by the Committee.

I hereby certify that I have read the acupuncture regulations contained in 243 CMR 4.00 and 243 CMR 5.00.

Signature: _____ Date: ____/____/____

FULL ACUPUNCTURE LICENSE SUPPLEMENT

IMPORTANT NOTE: If you answer “yes” to any of these questions, you must provide the additional information on pages 5-10.

<u>QUESTIONS</u>		<u>YES</u>	<u>NO</u>
1.	While enrolled in college or graduate school were you ever the subject of any disciplinary action? (This includes action that was formal or informal, oral or written, voluntary or involuntary. A confidentiality agreement does not absolve you of your requirement to answer this question.)	<input type="checkbox"/>	<input type="checkbox"/>
2-A.	Have you ever been terminated or granted a leave of absence by any college or graduate school, or have you ever withdrawn from a college or graduate school or had to repeat a year of training?	<input type="checkbox"/>	<input type="checkbox"/>
2-B.	Have you ever been placed on probation or remediation by a college or graduate school?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Since your enrollment in college, have you been denied the privilege of taking or finishing an examination or been accused of, or found to have cheated or engaged in, improper conduct during an examination?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you ever failed an acupuncture examination or been denied an acupuncture license or any other license in Massachusetts or in any other state, country or province for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you ever surrendered a license to practice acupuncture or any professional license, or has your license or certificate ever been revoked? (You do not need to report a lapsed license.)	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you been denied an acupuncture license or board certification, or has your certification ever been suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are you aware of any pending investigation or inquiry into your professional conduct by any entity, or are any disciplinary charges pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Since your completion of your acupuncture training, has any disciplinary action ever been taken against you? (A confidentiality agreement does not absolve you of your requirement to answer this question.)	<input type="checkbox"/>	<input type="checkbox"/>
9.	Has your membership, acupuncture privileges or association with a health care facility ever been limited, suspended, revoked, not renewed or subject to probationary conditions, or has processing toward any of those ends been instituted or recommended by a committee, administration or governing board?	<input type="checkbox"/>	<input type="checkbox"/>

		<u>YES</u>	<u>NO</u>
10.	Have you ever withdrawn an application for hospital privileges or appointment, or have you ever been denied membership, advancement in status or association with a health care facility, or has such denial been recommended by a committee, administration or governing body?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have you ever been charged with any criminal offense? (You must report being charged with any criminal offense, even if the charges against you were dropped, dismissed or otherwise discharged. A charge of operating under the influence or its equivalent is reportable. A medical malpractice claim is a civil, not a criminal, matter and need not be reported for purposes of this question.)	<input type="checkbox"/>	<input type="checkbox"/>
12.	Has any professional liability insurance provider ever restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition on your coverage, or have you ever voluntarily restricted, limited or terminated your insurance coverage in response to any inquiry by a professional liability insurance provider?	<input type="checkbox"/>	<input type="checkbox"/>
13-A.	Has any malpractice claim ever been made against you, whether or not a lawsuit was filed in relation to the claim, or has such a suit been settled, adjudicated or otherwise resolved?	<input type="checkbox"/>	<input type="checkbox"/>
13-B.	Has any lawsuit, other than a malpractice suit, ever been filed against you, which is related to your practice of medicine, or has such a suit been settled, adjudicated or otherwise resolved?	<input type="checkbox"/>	<input type="checkbox"/>

CONFIDENTIAL INFORMATION

If answering “yes” to any of the questions, provide details on the supplemental pages for questions 14 - 16. For purposes of the following questions, “currently” does not mean on the day of, or even the weeks or months preceding the completion of this application; it means recently enough to impact one’s functioning as an acupuncturist.

		<u>YES</u>	<u>NO</u>
14.	Do you have a medical or physical condition that currently impairs your ability to practice acupuncture?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Have you engaged in the use of any substance(s) with the result that your ability to practice acupuncture is currently impaired?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Have you ever refused to submit to a test to determine whether you had consumed and/or were under the influence of chemical substances?	<input type="checkbox"/>	<input type="checkbox"/>

If you have a substance use disorder or mental or physical health diagnosis that impacts your ability to practice acupuncture, the COA encourages you to seek assistance voluntarily and to abide by any recommendations of your health care provider.

When the COA receives notice of a substance use disorder, its primary mission is to protect the public; however, the COA also seeks to ensure successful rehabilitation through your participation in treatment programs and supervised structured aftercare. Similarly, when the COA receives notice of a mental health or physical health diagnosis that impacts an acupuncturist’s ability to practice, the COA needs to ensure that the acupuncturist can practice acupuncture safely.

If your responses to Questions 1-16 change while your application is pending, you must immediately notify the COA of the new information.

CERTIFICATIONS

- Pursuant to M.G.L. c. 62C, § 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed any Massachusetts state tax returns and paid any Massachusetts state taxes that are required under law. (*Note: This applies even if you reside out of the state or out of the country.*)
- Pursuant to G.L.c. 62C, § 49A, to the best of my knowledge and belief, I am in compliance with G.L.c. 119A relating to withholding and remitting child support.
- Pursuant to M.G.L. c. 119, § 51A, I certify under the penalties of perjury that I will fulfill my obligation to report abuse or neglect of children.
- I will read the COA's regulations, 243 CMR 4.00 through 5.00.

I certify under the penalties of perjury that all information on this form and all attached pages is true, to the best of my knowledge.

Applicant's Signature: _____ Date: ____/____/____

For all questions, please attach additional pages, whenever necessary, using the same format.

QUESTIONS #1, 7 or 8 – Disciplinary action.

Name of agency or institution taking action: _____ Date: ____/____/____

Description: _____

You must arrange for the appropriate agency or institution to submit copies of all official documentation and correspondence related to any disciplinary action. Documents should be sent directly to you in a sealed envelope.

QUESTION #2-A or 2-B – College or graduate school termination, leave of absence, withdrawal, repeating a year of training, probation, or remediation.

Name of institution: _____ Date: ____/____/____

Address: _____ City: _____

State: _____ Zip: _____ Dates of attendance: From: ____/____/____ To: ____/____/____

Description: _____

You must arrange for the appropriate agency or institution to submit copies of all official documentation and correspondence regarding any leave of absence, withdrawal, failure to complete, requirement to repeat, termination, probation, or remediation. Documents should be sent directly to you in a sealed envelope.

QUESTION #3 – Examination denial; improper conduct.

Name of organization: _____ Name of exam: _____

Action: _____ Date: ____/____/____

You must arrange for the appropriate agency or institution to submit copies of all official documentation and correspondence regarding any examination denial or improper conduct. Documents should be sent directly to you in a sealed envelope.

Applicant's Signature: _____ **Date:** ____/____/____

QUESTIONS #4 & 5 – Acupuncture failed examination or denial or withdrawal, surrender or revocation of a license.

Describe circumstances under which license application was withdrawn or denied, or license was surrendered or revoked.

State: _____ Year: _____

You must arrange for the appropriate agency or institution to submit copies of all official documentation and correspondence regarding any medical application denial or withdrawal and any license surrender or revocation. Documents must specify the reason(s) and should be sent directly to you in a sealed envelope.

QUESTION #6 – Board certification denial, suspension, or revocation.

Specialty Board: _____ Date: ____/____/____

Explain reason(s) for loss or denial: _____

Please contact the certifying board to provide a letter explaining the reason(s) for the denial, suspension, or revocation. The letter should be sent directly to you in a sealed envelope.

QUESTIONS #9 and 10 – Membership, status (revocation, suspension or denial) of privileges or association with a health care facility or withdrawal of an application.

Name of facility: _____ Date: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Description: _____

You must arrange for the appropriate agency or institution to submit copies of all official documentation and correspondence regarding any affirmative responses. Documents should be sent directly to you in a sealed envelope.

Applicant's Signature: _____ Date: ____/____/____

QUESTION #11 – Criminal offenses.

Court: _____ Charge(s): _____ Date: ____/____/____

Describe the circumstances leading up to criminal proceedings. _____

Status: _____

You must arrange for your lawyer or the court officer to submit copies of the indictment, complaint, judgment or other disposition in any criminal proceeding in which you were a defendant. Documents should be sent directly to you in a sealed envelope.

QUESTION #12 – Liability insurance provider or third party payor inquiry, restriction, suspension or termination whether voluntary or involuntary.

Name of Organization: _____ Date of action: ____/____/____

Action: _____

Describe reason(s) for action: _____

You must arrange for your liability carrier or appropriate institution or agency to submit documents regarding any restrictions, denials, or revocations. Documents should be sent directly to you in a sealed envelope.

Applicant's Signature: _____ Date: ____/____/____

QUESTION #13-A – Malpractice claims.

For each instance of alleged malpractice, you must provide the following information.

Claimant's name: _____ Date of incident: ____/____/____

Insurer's name: _____

Insurer's Address: _____

Description of claim (allegations only: this does not constitute an admission of fault or liability).

Allegation: _____ Allegation: _____ Allegation: _____

REQUISITE DESCRIPTIVE INFORMATION:

1. Patient's condition at point of your involvement: _____

2. Patient's condition at end of treatment: _____

3. The nature and extent of your involvement with the patient: _____

4. Your degree of responsibility for the course of treatment leading to the claim: _____

5. If incident resulted in patient's death, indicate cause of death according to autopsy or patient chart:

6. Legal representative's name: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

(Question #13-A continued on next page)

QUESTION #13-A (continued)

Current status of claim: ☐ Closed ☐ Pending

Was the case resolved before the entry of a verdict? ☐ Yes ☐ No

What was the decision? ☐ Dismissed before trial ☐ Plaintiff Verdict ☐ Defense Verdict

Decision determined by: ☐ Judge ☐ Jury

If a payment was made: Amount allocated to you: \$_____ Payment Date: ____/____/____

In addition to the information listed above, you must arrange for your lawyer or liability carrier to submit a copy of the documents listed below for the following malpractice cases:

Open case – a copy of the complaint naming the acupuncturist as a defendant.

Closed case – a copy of the complaint and final judgment, settlement and release or other final disposition of each claim, even if you were dismissed from the case by the court and/or if the case was closed with or without prejudice and the amount of monies paid on your behalf.

Dismissed case – a copy of the dismissal if you were dismissed before the case was reviewed by a tribunal or jury. The dismissal must include the name or initials of the patient and confirmation that no monies were paid on your behalf.

NOTE: Please be advised that the COA may request pertinent medical records or additional information.

QUESTION #13-B – Civil lawsuits (other than malpractice).

Plaintiff's name: _____ Date: ____/____/____

Your legal representative's name: _____

Description of claim (this does not constitute admission or liability): _____

Outcome of lawsuit: _____

Applicant's Signature: _____ Date: ____/____/____

CONFIDENTIAL MEDICAL INFORMATION

QUESTION #14 – Medical or physical condition.

If you answered “yes” to Question 14, please provide the specifics of your condition and any related treatment, including dates and diagnoses. In addition, provide any adjustments or interventions you may have made or taken to ameliorate or address the impact of your medical condition on your current practice, including a change of specialty or field of practice, or participation in any supervised rehabilitation program, professional assistance or retraining program, or monitoring program.

QUESTION #15 – Substance use.

If you have obtained medical treatment related to your use of substances, please provide the specifics of your treatment, including dates and diagnoses. In addition, provide any adjustments or interventions you may have made or taken to ameliorate or address the impact of your use of substances on your current practice, including participation in any supervised rehabilitation program or monitoring program.

QUESTION #16 – Refusal to take a screening test for chemical substances.

If you answered “yes” to Question 16, please provide a description of the circumstances leading to your refusal to take the screening test and any resulting criminal or disciplinary consequences.

Applicant's Signature: _____ Date: ____/____/____

Commonwealth of Massachusetts
COMMITTEE ON ACUPUNCTURE
200 Harvard Mill Square, Suite 330, Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383
www.mass.gov/massmedboard

AUTHORIZATION FOR RELEASE OF INFORMATION, DOCUMENTS AND RECORDS

I, _____
(type/print your complete name)

request and authorize every person, institution, professional licensing board of any state in which I hold or may have held a license to practice my profession, hospital, clinic, government agency, (local, state, federal or foreign), law enforcement agency, or other third parties and organizations, and their representatives to release information, records, transcripts, and other documents, concerning my professional qualifications and competency, ethics, character, and other information pertaining to me to the Committee on Acupuncture.

I further request and authorize that the requested information, documents and records be sent directly to:

Committee on Acupuncture
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880
Attention: Licensing Division

Immunity and Release

I hereby extend absolute immunity to, and release, discharge, and hold harmless from any and all liability: 1) the Committee on Acupuncture, its agents, representatives, directors and officers; 2) other agencies, institutions, hospitals and clinics providing information, their representatives, directors and officers; and 3) any third parties and organizations for any acts, communications, reports, records, transcripts, statements, documents, recommendations or disclosures involving me, made in good faith and without malice, requested or received by the Committee on Acupuncture.

By my signature below, I acknowledge that information, documents and records required to be furnished by another organization, educational institution, hospital, individual or any person or groups of persons has been sent to me directly from the primary source in a sealed envelope and that none of the seals have been broken. I understand that the Committee on Acupuncture will not accept any such information, records or documents forwarded by me unless they are in sealed envelopes.

A photocopy or facsimile of this authorization shall be as valid as the original and shall be valid up to one year from the date signed.

Applicant's Signature

Date of Signature

Applicant's Printed Last Name, First Name, Middle Initial, Suffix (e.g., Jr.)

Applicant's Date of Birth (month/day/year)

Commonwealth of Massachusetts
COMMITTEE ON ACUPUNCTURE
200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383
www.mass.gov/massmedboard

CERTIFICATE OF MORAL AND PROFESSIONAL CHARACTER

INSTRUCTIONS TO THE APPLICANT: This form must be signed by someone who has known you for at least three (3) years and is not a relative. **The form must be notarized by a U.S. Notary Public.**

PHOTOGRAPH

Attach a recent 2 x 2 color photograph. Black and white photographs will not be accepted.

You must sign your name in the presence of a **U.S. Notary Public**.

Signature of applicant

I certify that the photograph above is a genuine likeness of the maker of the signature above.

Signature of Notary

My commission expires

CERTIFICATION OF MORAL AND PROFESSIONAL CHARACTER

This certifies that I have been personally acquainted with the acupuncturist named below:

(name of applicant)

for _____ years. I believe that the above named acupuncturist is of good moral character and worthy of confidence and recommend him/her to the Committee on Acupuncture.

Signature of certifying acupuncturist

Type or print name clearly

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____

Date: ____/____/____

Instructions to the certifying acupuncturist: Please answer every question, date this form, and return it to the applicant **in a sealed envelope with your signature across the seal.**

Board of Registration in Medicine
200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383
www.mass.gov/massmedboard

CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGMENT FORM

The Board of Registration in Medicine is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening license applicants.

As a license applicant, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Board of Registration in Medicine to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Board of Registration in Medicine written notice of my intent to withdraw consent to a CORI check.

The Board of Registration in Medicine may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that the Board of Registration in Medicine must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgment Form is true and accurate.

Signed under the penalties of perjury, this _____ day of _____, 20 ____.

Signature of Applicant

Print Name

SUBJECT INFORMATION: An asterisk (*) denotes a required field.

*Last Name *First Name Middle Name Suffix

*Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: _____ft. _____in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public:

Expires On

Commonwealth of Massachusetts
COMMITTEE ON ACUPUNCTURE
200 Harvard Mill Square, Suite 330, Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383
www.mass.gov/massmedboard

INITIAL CHINESE HERBAL THERAPY REQUEST FORM

Print Name: _____

Important note to the applicant: This form is intended for initial requests to employ Chinese Herbal Therapy only. For more information about how to maintain authorization to employ Chinese Herbal Therapy upon renewal of licensure, please refer to the Information Sheet on Page 2. Please note that you may not employ herbs in your acupuncture practice until you have received written authorization from the Committee on Acupuncture (“COA”) to do so.

I hereby request COA authorization to employ Chinese Herbal Therapy, including patent or raw herbs, in my acupuncture practice. I have included documentation of the following:

- a. completion of an ACAOM accredited or candidate status oriental medicine program with a minimum of 1,905 hours of clinical/didactic training, of which at least 660 hours were training hours in herbs and at least 210 of those were clinical hours in acupuncture and herbs*; and
- b. certification by NCCAOM in Chinese Herbology.

*Please request that your Oriental Medicine program submit verification of your herbal training hours and clinical hours directly to the Licensing Division of the Committee on Acupuncture at the following address:

Commonwealth of Massachusetts
Committee on Acupuncture
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880

Applicant Certification

I hereby certify under penalty of perjury under the laws of the Commonwealth of Massachusetts that all statements made on this Initial Chinese Herbal Therapy Request Form are accurate.

Applicant's Signature: _____ Date: ____/____/____

Commonwealth of Massachusetts
COMMITTEE ON ACUPUNCTURE
200 Harvard Mill Square, Suite 330, Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383
www.mass.gov/massmedboard

GENERAL BIOLOGY, HUMAN ANATOMY AND
HUMAN PHYSIOLOGY REQUIREMENTS

The Committee on Acupuncture (COA) regulations require applicants for a full Acupuncture license to complete three (3) semester hours or equivalent in the following courses:

1. General Biology (BIO 101 course);
2. Human Anatomy; and
3. Human Physiology.

The COA may accept Microbiology, Advanced Biology or Biochemistry courses for fulfilling the General Biology requirement.

If your transcript lists a course by any other name and you wish to substitute that course as the equivalent of three (3) semester hours of General Biology, Human Anatomy or Human Physiology, the course must be reviewed by the COA Licensing Subcommittee.

The following documentation is required if you wish to request the COA Licensing Subcommittee to review a substitute course:

- A detailed course description;
- A detailed course syllabus;
- A letter from the professor who taught the course stating that the course was equivalent to a three (3) semester hour course in general biology, or
- A letter from the professor who is now teaching the course stating that the course is equivalent to a three (3) semester hour course in general biology.

COA Licensing Subcommittee meetings are held before the regularly scheduled COA meeting. Your materials must be received before the deadline dates. A list of deadline dates is included with your Full Acupuncture License kit.

If you have any questions, please contact the Licensing Division at (781) 876-8210. Thank you.

Commonwealth of Massachusetts
COMMITTEE ON ACUPUNCTURE
200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383
www.mass.gov/massmedboard

MALPRACTICE HISTORY REQUEST FORM

Applicant's Instructions: Please list the names of your liability carriers and send a signed copy of this form to each of your current and all past liability carrier(s). You must provide your malpractice history reports if you ever had a full license in any state. You do not need to supply your malpractice history reports unless you were named in a malpractice case. This form must be returned to the COA with your acupuncture license application.

Please provide the following information on the malpractice history report:

1. the name(s) of the claimant(s)
2. nature and date of claim(s)
3. amounts paid, if any, and
4. other disposition or information in its possession, custody or control on my current policy number, and/or any other policy I have had with this or any other carrier
5. dates of policy coverage must be included.

Liability Carrier's Instructions: Please report any open or closed cases that have gone to trial, whether or not monies were paid, and provide a copy of the complaint or summons, disposition or judgment and amount of monies paid on behalf of the applicant. If the applicant does not have any claims history, please indicate that on your letterhead. If your company's name has changed, please provide any former company names. The information should be sent to the applicant.

Liability Carrier: _____ From: ____/____/____ To: ____/____/____
City: _____ State: _____ Policy #: _____

Liability Carrier: _____ From: ____/____/____ To: ____/____/____
City: _____ State: _____ Policy #: _____

Liability Carrier: _____ From: ____/____/____ To: ____/____/____
City: _____ State: _____ Policy #: _____

Liability Carrier: _____ From: ____/____/____ To: ____/____/____
City: _____ State: _____ Policy #: _____

Liability Carrier: _____ From: ____/____/____ To: ____/____/____
City: _____ State: _____ Policy #: _____

Applicant's signature: _____ /____/____
Date

Print Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

National Practitioner Data Bank

PLEASE NOTE

License applicants must request a self-query profile from the National Practitioner Data Bank (NPDB). You may access the NPDB at <http://www.npdb-hipdb.hrsa.gov/> and complete the self-query form online. After completing the self-query form, you will be required to verify your identity. In most cases this is an electronic process. If you are unable or unwilling to verify your identity electronically, you must verify your identity offline. The offline process requires you to print out a hard copy of your self-query form, have it notarized and forward it to the Data Bank.

Please note that the NPDB will offer you a pdf and a paper copy of your NPDB profile. You must request a paper copy of your NPDB profile in addition to the pdf.

The self-query fee of \$5.00 is payable by credit card (VISA, MasterCard, American Express and Discover) or debit card (with VISA or MasterCard logo on the card). Please remember to include your credit or debit card number and expiration date on your query form.

Once your identity is verified, the Data Bank will process your self-query request. When your profile is available, you will receive an email notification and instructions to view your profile online. In addition to the online profile, you will receive a paper copy of your profile by U.S. mail. When you receive the paper copy of your NPDB profile, **DO NOT OPEN THE ENVELOPE**. You must mail it directly to the Board with your license application. If the envelope is opened, it will be returned to you and a new profile request must be submitted. The NPDB requires up to four weeks to process a new profile.

If you have questions, contact the Data Bank at 1-800-767-6732.