

# NCCAOM® APPLICATION FOR RECERTIFICATION

## 1. TYPE of RECERTIFICATION

(Check all that apply)

- Acupuncture
- Chinese Herbology
- Asian Bodywork Therapy
- Oriental Medicine

NCCAOM® ID# \_\_\_\_\_



*Detach this Application from the Handbook. Please allow up to 8 weeks for processing.*

**Faxed applications will not be accepted.**

Internal Use Only  
Status

- Active
- Inactive

Batch #: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Check #: \_\_\_\_\_

## 2. PERSONAL INFORMATION

Name Last (Family)		First	Middle
<input type="checkbox"/> Check here if you have had a name change. Previous name used: _____ Submit copies of legal document(s) indicating the name change.			
Email (Required) _____ @ _____			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth (MM/DD/YY) ____/____/____

## 3. CONTACT INFORMATION

**Preferred Contact Information:** All NCCAOM® correspondence will be sent to this address.

Name of Business if Applicable		
Street Address		Unit/Suite
City	State	Zip
Country	Phone	Alternate Phone

### Alternative Contact Information:

NCCAOM® Certification Registry

Publish

Do NOT Publish

Name of Business if Applicable		
Email		
Street Address		Unit/Suite
City	State	Zip
Country	Phone	Alternate Phone

Please mail this application, documentation, and payment to:

**NCCAOM®**  
**76 South Laura Street, Suite 1290**  
**Jacksonville, FL 32202**  
**USA**

#### 4. PROFESSIONAL ETHICS and FITNESS to PRACTICE

**Legal Status:** Additional information must be submitted with an answer of “yes” to any of the following questions including an explanation of the charges or claims, legal documents related to the charges or claim, and an account of how the charges or claims were resolved. Please indicate if a case is still pending. All information provided will be reviewed in accordance with NCCAOM® policies. International applicants should seek advice on the equivalent terms and definitions for felony” or “misdemeanor.”

1. Have you been a defendant in litigation related to the practice of a health-related profession that has not previously been reported? Yes No
2. Has a judgment ever been entered against you or have you been a party to a settlement in any legal proceeding related to the practice of a health-related profession that has not previously been reported? Yes No
3. Have you ever been convicted of a felony that has not previously been reported? Yes No
4. Have you been convicted of any type of misdemeanor related to the practice of a health-related profession that has not previously been reported? Yes No
5. Have you ever been convicted of any other crime or are you on probation or parole related to the practice of a health-related profession that has not previously been reported? Yes No
6. Have you ever had any disciplinary or administrative action taken against you by any licensing board or health-related professional association or school that has not previously been reported? Yes No
7. Have you ever been denied or voluntarily surrendered a license to practice in any health-related profession that has not previously been reported? Yes No

**NCCAOM® Ethics Policy:**

8. Have you read and understood the NCCAOM® Code of Ethics? Yes No
9. Have you read and understood the NCCAOM® Grounds for Professional Discipline? Yes No

**Health Status:**

Additional information must be submitted with an answer of “yes” to any of the following questions including information about any impairment from treating healthcare professionals within the last four years. This documentation must include a personal statement of the history and current status of the physical or psychological impairment. The healthcare provider must also provide an attestation that the applicant is 1) no longer impaired or under current treatment for the impairment, and 2) that the impairment and treatment does not interfere with the applicant’s ability to practice.

10. During the past four years, has your physical or psychological health status interfered with your ability to practice a health-related profession or otherwise interrupted your professional or academic activities for more than three months? Yes No
11. Have you ever been, or are you currently impaired because of substance abuse, including alcohol that you have not previously reported? Yes No

You are required to notify the NCCAOM® within thirty days of any changes to the information you have reported in the section on legal status and health status. Failure to report a violation of the NCCAOM® Code of Ethics and Grounds for Professional Discipline could result in disciplinary action.

#### 5. OCCUPATIONAL AND PROFESSIONAL LICENSES

	State	License #	Expiration Date		State	License #	Expiration Date
Acupuncture				Massage			
Chiropractic				Naturopathy			
Nursing				P. T.			
MD/DO				Other			

## 6. PDA WORKSHEET

**CPR Certification:** Attach a copy of a CPR certification. The CPR card can be expired, but must have been obtained with the four-year recertification cycle. PDA points are NOT awarded for the CPR certification.

Copy of CPR card attached.

### Competency Maintenance — Continuing Education

List the continuing education/PDA programs attended and attach a copy of the certificate. A minimum of thirty (30) points are required with up to a maximum of sixty (60) PDA points in this section. Points may be carried over to other sections.

Date	Program Title	# PDA Pts/CEUs
Core Skills —15 PDA points		
Ethics and/or Safety - 4 PDA points (Do NOT include CPR)		
Adjunct Therapies / Electives —11 PDA points		

### Professional Activities

A maximum of 30 PDA points may be earned in this section. See pgs. 6 to 8 for detailed activity descriptions and documentation requirements.

Date	Professional Activity Category	PDAs

60 PDA Points are required for recertification in a four-year cycle.

Total PDA points Submitted: \_\_\_\_\_

## 7. FEES

### Active Status

<input type="checkbox"/>	Acupuncture	\$220	=	
<input type="checkbox"/>	Chinese Herbology	\$220	=	
<input type="checkbox"/>	Oriental Medicine	\$220	=	
<input type="checkbox"/>	Asian Bodywork Therapy	\$220	=	

### Lapsed Status

	Route 1 Pass online practice test & copy of state license		Route 2 \$55 & 15 pts for each year lapsed			
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Practice Test	<input type="checkbox"/> State License	<input type="checkbox"/> \$55/yr	<input type="checkbox"/> 15 PDA points/yr	=	
<input type="checkbox"/> Chinese Herbology	<input type="checkbox"/> Practice Test	<input type="checkbox"/> State License	<input type="checkbox"/> \$55/yr	<input type="checkbox"/> 15 PDA points/yr	=	
<input type="checkbox"/> Oriental Medicine	<input type="checkbox"/> Practice Test	<input type="checkbox"/> State License	<input type="checkbox"/> \$55/yr	<input type="checkbox"/> 15 PDA points/yr	=	
<input type="checkbox"/> Asian Bodywork Therapy	<input type="checkbox"/> Practice Test	<input type="checkbox"/> State License	<input type="checkbox"/> \$55/yr	<input type="checkbox"/> 15 PDA points/yr	=	

### Inactive Status

<input type="checkbox"/>	Acupuncture	\$75	=	
<input type="checkbox"/>	Chinese Herbology	\$75	=	
<input type="checkbox"/>	Oriental Medicine	\$75	=	
<input type="checkbox"/>	Asian Bodywork Therapy	\$75	=	

## 8. OPTIONAL FEES

Duplicate Certificate and/or Identification Card	Certificate Fee	Qty	ID Card Fee	Qty		
<input type="checkbox"/> Acupuncture	\$50		\$50		=	
<input type="checkbox"/> Asian Bodywork Therapy	\$50		\$50		=	
<input type="checkbox"/> Chinese Herbology	\$50		\$50		=	
<input type="checkbox"/> Oriental Medicine	\$50		\$50		=	

Overlapping Certification(s) Oriental Medicine Diplomates only.	Fee		
<input type="checkbox"/> Acupuncture	\$100	=	
<input type="checkbox"/> Chinese Herbology	\$100	=	

**Total Fees** \$

## 9. PAYMENT

Total Amount Enclosed: \_\_\_\_\_

Checks should be made payable to NCCAOM<sup>®</sup>. All funds are due in U.S. Dollars.

### Payment Type

<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Check/Money Order
Expiration Date	Credit Card Number:	
Name of the Cardholder:		
Signature of the Cardholder:		
Credit Card Billing Address:(Address where Credit Card bill is received)		

## 10. DIPLOMATE ATTESTATION AND SIGNATURE

I hereby certify that the information I provided on this application and in any supporting documents is accurate, true, and correct to the best of my knowledge and belief. I acknowledge and agree to abide by and with the policies, procedures, and NCCAOM<sup>®</sup> Code of Ethics promulgated and/or modified from time to time by NCCAOM<sup>®</sup>, including all policies regarding examination irregularities, cheating, and cancellation of scores. I agree to inform and release to NCCAOM<sup>®</sup> and its designated agents all pertinent information about my qualifications or about other matters that may arise in connection with my application and/or my subsequent certification or recertification by NCCAOM<sup>®</sup>. I acknowledge and agree that I am prohibited from transmitting information about NCCAOM<sup>®</sup> examination questions or content in any form to any person or entity and that my failure to comply with this prohibition, or my failure to report any information about suspected violations of such prohibitions or otherwise about any possible examination irregularities by myself or others, may result in my scores being cancelled or my certification being revoked in accordance with NCCAOM<sup>®</sup> policies and procedures and/or legal action, up to and including criminal prosecution. I acknowledge that application fees are non-refundable.

Signature:

Date:

# NCCAOM® Application Acknowledgment Form



Public Protection Through Quality Credentials

NCCAOM® automatically notifies the Diplomate by e-mail when the recertification payment is processed.

If you would like to receive notification by the United States Postal Service, complete and attach this form to the application.

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## US Postal Service

This form acknowledges NCCAOM®'s receipt of the application payment for recertification in:

- Acupuncture
- Chinese Herbology
- Asian Bodywork Therapy
- Oriental Medicine

- Please mail this form to the address below. I have attached a self-addressed, stamped envelope.

*Please print*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State and Zip: \_\_\_\_\_

**Receipt of the application does not guarantee recertification.**