



Instructions for Completing the Paper Application Form for NCCAOM® Reinstatement to Active Diplomate Certification Status

The Applicant is Responsible for Maintaining a Copy of All Documentation Submitted to the NCCAOM for Processing

A. Personal Information and Email

Type or print your last name (family/surname), first name, and middle name (legal name as listed on government documents).

Email address is required for timely communication of important information.

Indicate your gender.

Type or print the last four digits of your social security number.

Type or print your date of birth (MM/DD/YY).

B. Primary Contact Information

Type or print your mailing address. You may use your home or business address. NCCAOM uses the preferred mailing address for all U.S.P.S. mail correspondence.

C. Alternative Contact Information

Type or print your contact information that is to be published on NCCAOM's Website "Find a Practitioner" search engine, to assist the public in locating a nationally certified practitioner ONCE you achieve active Diplomate certified status. Please leave this blank if you do not want to be published.

D. Special Requests

Indicate if special accommodations are needed. If you answer YES, submit the ADA accommodations forms found on our website, www.nccaom.org.

E. Identification

You must bring two forms of identification (ID) to the test site. One form must be a current government issued photo ID (e.g., driver's license, passport, military ID card). The other form of ID must bear your signature (e.g., Social Security card, credit card, student/employment/membership ID). In addition, the name on the photo ID presented at the test site must match exactly the name on the application submitted for certification. You will not be admitted to the examination without authorized proper identification or if the identification is expired.

F. Professional Ethics and Fitness to Practice

Review the information and answer each of the questions in this section.

G. Occupational/Professional Licenses

Let us know more about you. Indicate all healthcare licenses you currently hold.



H. Ethics and/or Safety – 4 PDA Points

You must document four (4) PDA points in Safety and/or Ethics completed within the last four (4) years to be eligible for NCCAOM reinstatement to active Diplomate status. Attach certificates of completion to the application form.

I. CPR Certification

You must submit documentation demonstrating completion of a CPR course within the last four (4) years. Attach a copy of the CPR card to the application form.

J. Clean Needle Technique with Current Knowledge in Blood Borne Pathogens

Clean Needle Technique and blood borne pathogen requirements must be met (applicable for Acupuncture and Oriental Medicine applicants only). Place a check mark on the application form in all boxes that apply.

K. Record All States Where Practicing or Have Practiced

Enter the information on the application form in the table for all states where you are currently practicing or have practiced.

L. Fees - Fees are NOT Refundable

Application Fee is due with the application.

Send payment to: NCCAOM, 76 South Laura Street, Suite 1290 - Jacksonville, FL 32202 USA.

Exam fees are separate fees payable to Pearson VUE and are due as part of the exam registration process.

Background Check fees are separate fees payable to [First Point](#) at www.nccaomscreener.com as part of the background check process required at the time of application.

M. Payment (All Funds are due in U.S. Dollars)

Indicate total payment. NCCAOM accepts a check, Visa or Master Card for fee payment. Please be sure to include the billing address and expiration date when using a credit card for payment. Checks should be made payable to NCCAOM.

N. Statement of Acknowledgement

- Review the Statement of Acknowledgement.
- Sign and date the application in the presence of a notary.

O. NCCAOM® Reinstatement Attestation - Important

Read the NCCAOM® Reinstatement Attestation, sign and date the document in the presence of a witness. The witness may not be a relative of the applicant. The witness must also sign and date the document.



Application for NCCAOM® Reinstatement to Active Diplomate Certification Status

Application Form for REINSTATEMENT to Active Diplomate Status (Check all that apply)

- Acupuncture
- Chinese Herbology
- Oriental Medicine

Detach this Application from the Handbook. Faxed applications will not be accepted. Please allow up to 8 weeks for processing.

Office Use Only:

Batch

No. _____

Amount: _____

Check No: _____

Processed By: _____

A. Personal Information (Legal name as listed on government documents)

Name Last (Family)	First	Middle
<input type="checkbox"/> Check here if there has been a name change. You must provide copies of legal documents substantiating the change.		
Primary Email (Required)		
_____ @ _____		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Last four digits of Social Security Number XXX-XX-_____	Date of Birth (MM/DD/YY) ____/____/____

B. Primary Contact Information (All NCCAOM mailed correspondences will be sent to this address.)

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

C. Alternative Contact Information (Information below will be published on NCCAOM's Website under "Find a Practitioner" once your certification is REINSTATED. (If you do not want to be published, please leave section "C" blank.)

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



D. Special Requests and Accommodations

Americans with Disabilities Act

Do you have a documented and professionally diagnosed disability requiring special accommodations at the test site? Yes No

If you answer "yes" please attach documentation from your physician or healthcare provider to this form.

E. Identification

You must bring two forms of identification (ID) to the test site. One form must be a current government issued photo ID (e.g., driver's license, passport, military ID card). The other form of ID must bear your signature (e.g., Social Security card, credit card, student/employment/membership ID). In addition, the name on the photo ID presented at the test site must match exactly the name on the application submitted for certification. You will not be admitted to the examination without proper identification that is not expired.

F. 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 in any legal jurisdiction, with any state agency, healthcare professional board or association or with the NCCAOM PEDC. 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."

Have you been a defendant in litigation related to the practice of a health-related profession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 healthcare profession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of any type of felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of any type of misdemeanor related to the practice of a health-related profession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of any other crime or are you on probation or parole?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had any disciplinary or administrative actions taken against you by any licensing board or health-related professional association or school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been denied or voluntarily surrendered a license to practice in any health-related profession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NCCAOM Ethics Policy: (The current NCCAOM Code of Ethics and Grounds for Discipline can be found on the NCCAOM website - www.nccaom.org under the Regulatory Affairs tab.)

Have you read and understood the Code of Ethics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you read and understood the Grounds for Professional Discipline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Health Status (Previous four years)

If you answer “**yes**” to any of the following questions, you must furnish with your application information about any impairment obtained from a healthcare professional that has treated you. This documentation must include a personal statement of the history and current status of any physical or psychological impairment or impairment due to substance abuse and an attestation that you are no longer impaired (or that you are currently under treatment for the impairment) and that the impairment, or treatment does not interfere with your ability to practice.

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been, or are you currently impaired because of substance abuse, including alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

You are required to notify the NCCAOM within thirty days of any changes to the information you have reported in the section on Professional Ethics and Fitness to Practice. Failure to report a violation(s) of the NCCAOM Code of Ethics and Grounds for Professional Discipline could result in disciplinary action or a denial of application.

G. Occupational/Professional Licenses (List state/county of issue, license no., and expiration date)

Acupuncture	Massage Therapy (LMT)
Chiropractic	Naturopathy
Nursing	Physical Therapy
Medicine (MD/DO)	Other

H. Ethics and/or Safety – 4 PDA points (Required)

Date	Program Title	#PDA Pts/CEUs

I. CPR Verification (Required): Date Completed _____ Copy of CPR Card Attached

J. Clean Needle Technique (CNT)

Document Clean Needle Technique Competency With Current Knowledge in Blood Pathogens:

1A. NCCAOM approved in person practical CNT course completed within last six years
Year Course Completed _____ 1B. Certificate of Completion on file with the NCCAOM.

Or (If the in person certificate is expired and license held for last three years)

2A. NCCAOM approved blood borne pathogen course, which meets OSHA standards completed within last four years
Year Course Completed _____ 2B. Certificate of Completion on file with the NCCAOM.



K. Document History as a Practitioner

Record All State(s) In Which You are Currently Practicing			
State Name (Required)	Date Issued	Expiration Date	License Number
Record All Previous State(s) In which You Practiced			
State Name (Required)	Date Issued	Expiration Date	License Number

L. Fees (Fees are NOT Refundable)

\$100 - Application Fee

M. Payment (All Funds are due in U.S. Dollars)

Total Enclosed: \$

Payment Type (Check One) VISA MasterCard Check/Money Order

Expiration Date: Credit Card Number:

Name of Cardholder:

Signature of the Cardholder:

Credit Card Billing Address:

N. Statement of Acknowledgement *(Your signature must be notarized)*

I hereby certify that the information I provided on this application and in any supporting documents is accurate, true, and correct. I acknowledge and agree to abide by and with NCCAOM policies and procedures. I have read and understand the NCCAOM[®] Code of Ethics and Grounds for Professional Discipline and agree to continue to abide by them and any changes hereafter made to them. I will report any state disciplinary actions or criminal matters of any kind that I may be involved in to the NCCAOM within thirty days. I agree to inform and release to NCCAOM 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. I acknowledge and agree that I



am prohibited from transmitting information about NCCAOM 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 policies and procedures and/or legal action, up to and including criminal prosecution. I acknowledge that application fees are non-refundable.

I attest that I have included under section “K” on the application form all states in which I currently practice or have practiced, with or without a license, and that I am free and clear of administrative actions and ethical violations as an acupuncturists.

NCCAOM occasionally promotes advertising for companies who provide Professional Development Activity (PDA) coursework to certified Diplomates. Among other things, these companies provide CEU seminars and conferences that are pre-approved by NCCAOM. These seminars and conferences provide Diplomates with opportunities to complete their re-certification requirements which could then be submitted in the Diplomate’s recertification packet. These PDA materials will be supplied to NCCAOM by the company and will then be forwarded to you by NCCAOM.

By my signature below I agree to receive the PDA materials that NCCAOM may forward via email or regular mail.

Applicant Signature:

Date:

This instrument was acknowledged before me by the applicant.

Notary Public Signature:

O. Read and Sign the NCCAOM Reinstatement Attestation on the next page in the presence of a witness. The Witness may not be a relative of the applicant.



NCCAOM® REINSTATEMENT ATTESTATION

I, _____, hereby attest that:

- I am not a defendant in litigation related to the practice of a health-related profession
- No judgment has ever been entered against me and I have not been a party to a settlement in any legal proceeding related to the practice of a healthcare profession.
- I have not been convicted of any type of felony
- I have not been convicted of any type of misdemeanor related to the practice of a health-related profession
- I have not been convicted of any other crime
- I am not on probation or parole
- I have no disciplinary actions or administrative action taken against me by any licensing board or health-related professional association or school
- I have never been denied or voluntarily surrendered a license to practice in any health related profession

In WITNESS WHEREOF, I declare, under penalty of perjury under the law that all the information I have provided is true, correct and complete. I understand that if a disciplinary action has been previously issued against me or a report of criminal activity is obtained by NCCAOM, documentation and an explanation must also be submitted by me which will be reviewed by the Professional Ethics and Disciplinary Committee (PEDC) for a determination of my eligibility for active certification reinstatement. I further understand that if additional information is not reported and/or is found later, that severe sanctions could result, up to and including denial of my application and/or revocation of my certification.

Signature

Date

Print Name:

WITNESS:

Signature

Date

Print Name:

Print Address: