



# NCCAOM® Application for Converting to Oriental Medicine

2025 M Street NW, Suite 800  
Washington DC, 20036  
(888) 381-1140  
[www.nccaom.org](http://www.nccaom.org)

*Please allow up to 8 weeks for processing.  
Diplomates are advised to mail the application  
using a tracking service to verify delivery to NCCAOM.*

NCCAOM ID #: \_\_\_\_\_

## Step 1 Current Certifications

### Single NCCAOM Certification

- Acupuncture
- Chinese Herbology

### Multiple NCCAOM Certifications

- Acupuncture and Chinese Herbology

## Step 2 Application

### Personal Information (Legal name as it appears on government issued documents)

Last Name (Family)		First	Middle
<input type="checkbox"/> Check here if you have had a name change. Attach the NCCAOM® Name Change Request Form including a photo ID & legal documentation.			
E-mail (Required)			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth (MM/DD/YY) ____/____/____	Last Four Digits of Social Security #

### Contact Information

Primary / Preferred Contact Information: All NCCAOM correspondence will be sent to this address.

Name of Business or Place of Employment ( if applicable)		
Street Address		Unit/Suite
City	State	Zip
Country	Phone	Alternate Phone

### For Internal Use Only

Date:	Check/cc #:	Stamp 'Date Received at NCCAOM'
Amount Paid:	Staff Initials:	
Batch #:		

**NCCAOM® Find a Practitioner Directory** This information will be published and made available to the public.

Name of Business or Place of Employment (if applicable)		
Street Address		Unit/Suite
City	State	Zip
Country	Phone	Alternate Phone

**Americans with Disabilities Act (ADA)**

Do you have a documented and professionally diagnosed disability requiring special accommodations at the test site?

Yes    No      *If you answer "yes" please attach the ADA forms available on the NCCAOM website.*

**Professional Ethics and Fitness to Practice**

<b>NCCAOM® Code of Ethics:</b>		
Have you read and understood the <i>NCCAOM® Code of Ethics and NCCAOM® Grounds for Professional Discipline</i> ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p><b>Legal Status:</b> Additional information is required if you answer "Yes" to any of the questions below. Documentation includes legal papers and an explanation related to the charges or claims, and an account of the resolution. Please indicate if the case is still pending. International applicants should seek advice on the equivalent terms and definitions for "felony" or misdemeanor". All information will be reviewed in accordance with the NCCAOM policies.</p>		
Have you ever been convicted of any type of felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of any type of misdemeanor related to the practice of a health profession?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had any disciplinary or administrative actions taken against you by a licensing board or health-related professional association or school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been denied a license to practice in any health-related profession?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p><b>Health Status:</b> Additional information is required if you answer "Yes" to any of the questions below. Documentation includes information from the treating healthcare professional outlining the history and current status of the physical or psychological impairment. If impairment is due to substance abuse, an attestation is required from the healthcare professional that you are no longer impaired or the treatment does not interfere with your ability to practice.</p>		
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 <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been, or are you currently impaired because of substance abuse including alcohol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Note:** You are required to notify the NCCAOM within thirty (30) days of any changes to the information you have reported in this application. Failure to report a violation(s) of the *NCCAOM® Grounds for Professional Discipline* could result in denial of this application and/or disciplinary action.

## Eligibility Requirements

### Diplomate in Acupuncture

<input type="checkbox"/> Pass NCCAOM Chinese Herbology Exam
<input type="checkbox"/> Pass NCCAOM Biomedicine Exam
<input type="checkbox"/> Education requirement for Chinese Herbology * Request graduate transcript/apprenticeship verification to be mailed directly to NCCAOM.

### Diplomate in Chinese Herbology

<input type="checkbox"/> Pass NCCAOM Acupuncture and Point Location Exam
<input type="checkbox"/> Pass NCCAOM Biomedicine Exam
<input type="checkbox"/> Education requirement for Acupuncture * Request graduate transcript/apprenticeship verification to be mailed directly to NCCAOM.

### Diplomate in Acupuncture and Chinese Herbology

<input type="checkbox"/> Pass the NCCAOM Biomedicine Exam <b>OR</b> <input type="checkbox"/> Complete 60 hours of coursework that is earned within four years of the application date. PDAs may also be applied toward recertification.
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### Diplomates Certified Prior to 2004

<input type="checkbox"/> Diet/Exercise/Nutrition Requirement: Attach documentation for 21 hours in one, or a combination of the categories of diet, exercise, nutrition and/or patient education.
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## Step 3 Payment

NCCAOM Application Fee for Converting to Oriental Medicine is \$100

The application fee is NOT refundable.

Examination fees are paid to Pearson Professional Test Center at the time the test is scheduled.

Total Payment: \$

<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Credit Card (Visa, MC, AMEX)
Card name:		
Card number:		
Card holder name:		
Expiration date:		
Zip code of billing address:		

Checks are to be made payable to NCCAOM. Payment is due in U.S. dollars.

Application fee is NOT refundable.

## Step 4 Statement of Acknowledgement & Signature

I hereby certify that the information I provided in this application and any supporting documents are accurate, true, and correct. I have read and understood the *NCCAOM® Code of Ethics* and *NCCAOM® Grounds for Professional Discipline* and agree 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 will inform and release to NCCAOM 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 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. Oriental Medicine certification confirms training in both Acupuncture and Chinese Herbology. I acknowledge that application fees are non-refundable.

I attest that I have maintained NCCAOM certification in:

\_\_\_\_\_ and/or \_\_\_\_\_

NCCAOM occasionally promotes advertising for companies who provide Professional Development Activity (PDA) coursework to 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 recertification requirements which could then be submitted in the Diplomat'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.

\_\_\_\_\_  
Diplomate Signature

\_\_\_\_\_  
Date

### **Reminder!**

Check that your name and NCCAOM ID # are on each paper to assure the documents do not get separated.  
Mail the application, payment, and required documents to:

**NCCAOM**  
2025 M Street NW, Suite 800  
Washington DC 20036