



NCCAOM[®] Application for Conversion to Oriental Medicine Instructions

The following information consists of instructions to assist the Diplomate in completing the *NCCAOM[®] Application for Conversion to Oriental Medicine*. The application can be found on the NCCAOM website www.nccaom.org on the “Applicants” page, “Handbooks and Applications”, then click on “NCCAOM Recertification Handbook and Applications”.

Match the letter below to the section on the *NCCAOM[®] Application for Conversion to Oriental Medicine*. If, after reading the instructions, you still have questions please contact the NCCAOM office at 904-598-1005 or send an email to [info @ thenccaom.org](mailto:info@thenccaom.org).

NCCAOM Application for Conversion to Oriental Medicine

Actively certified Diplomates of Acupuncture and/or Chinese Herbology may apply for a new certification in Oriental Medicine. Indicate whether the Diplomate is certified in a single certification (either Acupuncture or Chinese Herbology) with the NCCAOM or if the Diplomate is currently certified in two programs (Acupuncture and Chinese Herbology) with the NCCAOM.

A. Personal Information and Email

- Type or print your last name (family/surname), first name, and middle name. *Note: If you are required to test; the two forms of identification you present at the test site must bear the same name that appears on your application.*
- Email address is required for timely and important information communication.
- 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. Preferred Contact Information

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

C. Alternative Contact Information

Type or print your contact information that is to be published on NCCAOM’s Website search engine to assist the public in locating a nationally certified practitioner under “Find a Practitioner”, ONCE you achieve 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, attach to the application the ADA accommodations form 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, or state issued personal 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

Practitioners certified by the NCCAOM must be committed to responsible and ethical practice, to the growth of the profession's role in the broad spectrum of American health care, and to their own professional growth. Diplomates agree to be bound by the *NCCAOM[®] Code of Ethics* and *NCCAOM[®] Grounds for Professional Discipline*.

G. Eligibility

Indicate the route to eligibility under which you are applying.

H. Formal Education

Type or print your school name, city, state, enrollment and graduation dates and school code assigned by NCCAOM (Appendix H in the *NCCAOM[®] Certification Handbook*).

I. Biomedicine Requirement

Check the appropriate box indicating whether the NCCAOM Biomedicine Exam has previously been taken and passed (indicate year), the Biomedicine exam will be taken in the future or documents, earned within six (6) years of the application date, are attached demonstrating 45 hours of biomedicine coursework. **Note:** As of January 1, 2013 all single Diplomates requesting conversion to Oriental Medicine certification, must pass or have previously passed the NCCAOM Biomedicine Exam.

J. Diet/Exercise/Nutrition Requirement

Check the appropriate box indicating whether documentation supporting completion of 21 hours of Diet/Nutrition/Exercise was submitted to NCCAOM previously or the documents are attached demonstrating 21 hours of Diet/Nutrition/Exercise earned within 6 years of the application date.

K. PDA Requirement

Indicate the expiration date of current NCCAOM certifications. Check the box to indicate whether copies of 30 PDA points are attached (all PDAs must be earned in Core Competency Maintenance) or copies of 60 PDA points are attached. Thirty PDA points are required if applying for conversion to Oriental Medicine 13-24 months since the last recertification. Sixty PDA points are required if applying for conversion to Oriental Medicine 25-48 months since the last recertification. No PDA points are required if applying for conversion to Oriental Medicine 0-12 months since the last recertification.

L. Document Clean Needle Technique Competency

The Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) CNT course is required for all applicants of Acupuncture and Oriental Medicine Applicants. The CCAOM CNT course document filed with the NCCAOM, indicating course completion must be dated within six (6) years of the Oriental Medicine date of certification.



M. PDA Worksheet

In order for a current Diplomate to convert to Oriental Medicine PDA points must be submitted if more than 12 months have passed since the last recertification (see K above). The PDA worksheet is a tool for the Diplomate to record the continuing education and professional activities they are submitting with the conversion application. Each certificate of participation or activity documentation must be entered on the worksheet and then copied and attached to the application. PDA points must be earned in approved coursework in the Competency Maintenance section.

Note: Four (4) PDA points are earned for CPR and used toward the PDA points for conversion. Separate tables are listed on the worksheet to indicate competency in biomedicine (45 hours) and Diet/Nutrition/Exercise (21 hours). The 45 hours in Biomedicine may be counted towards either the 30 or 60 PDA points as required (see K above). The 21 hours of Diet/Nutrition/Exercise may only be counted towards the required PDA points if earned within six (6) years of the application date. Read the 2012 *NCCAOM® Recertification Handbook* for a complete breakdown of PDA requirements.

O. Fees (Application Fees are NOT Refundable)

The application fee for a current Diplomate to convert to a new certification in Oriental Medicine is \$460.00. The \$460 includes recertification in the original certification(s) held at the time of application for conversion, if PDA points are submitted. 30 PDA points = 2 years extension of the current expiration date(s). 60 PDA points = 4 years extension of the current expiration date(s).

P. Payment (All Funds are due in US Dollars)

- Payment must be made in United States currency.
- A check or money order is acceptable and must be made out to NCCAOM.
- Visa and MasterCard credit cards are accepted provided all of the required information is listed. American Express and Discover credit cards are not accepted.
- All information must be completed in order for the payment to be processed and the application forwarded to the Certification Services Department.

R. Statement of Acknowledgement and Attestation of Practitioner Experience

The Diplomate must attest that the information provided on the application and the supporting documents are accurate, true and correct. Diplomate's agree to abide by the *NCCAOM® Code of Ethics* and the policies and procedures of the organization, and to release all information pertinent to the application. Diplomates also agree to strict confidentiality when it comes to examination security, transmitting information to another person or entity, and the ramifications if found to have done so.

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



Mail the Application

Sign and date the *NCCAOM® Application for Conversion to Oriental Medicine* and mail it with the proper documentation and application fee to the address below. Faxed or e-mailed applications are not acceptable.

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



NCCAOM[®] Application for Conversion to Oriental Medicine

**NCCAOM[®] Application for
CONVERSION to Oriental Medicine
(From)**

- Single Diplomate – Currently has one **active** certificate in either Ac or CH
- Double Diplomate – Currently has **active** Certificates in AC and CH



Detach the application from the handbook and mail to NCCAOM

Office Use Only:

Batch No. _____
Date _____
Amount: _____
Check No: _____

Processed By: _____

A. Personal Information

Name Last (Family)	First	Middle
<input type="checkbox"/> Check here for a name change. You must provide copies of legal document indicating of this 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 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 you are CERTIFIED. If you would like to not to be published, please leave it 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, or state issued, personal 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: You must furnish additional information with this application if you answer "yes" to any of the following questions. This documentation must include your explanation of the charges or claims made against you, all legal documents related to the charges or claims and an account of how the charges or claims were resolved. If a case is still pending, please indicate that fact in your response. All information provided will be reviewed in accordance with NCCAOM policies. If the terms "felony" or "misdemeanor" are not used in your country, please seek advice on the equivalent terms and definitions used in your country and answer the questions appropriately.

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 in this handbook or on our website at www.nccaom.org)

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 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. Eligibility (Check all that apply)

Single Diplomates Only:	
<input type="checkbox"/> Formal Education	<input type="checkbox"/> Graduate
<input type="checkbox"/> Formal Education:	<input type="checkbox"/> Foreign Education

H. Formal Education

School Name, City, State	Date Enrolled
	Date of Graduation
School Code:	

- I. Biomedicine Requirement:** Take the Biomedicine exam or submit verification of approved coursework.
- Have previously taken the Biomedicine exam, Yr. _____
 - Taking Biomedicine Exam
 - Submitting documentation of 45 hrs. biomedicine Coursework (can be used towards PDA requirements).

- J. Diet/Exercise/Nutrition Requirement:**
- Submitting documentation of 21 hrs. Diet/Exercise/Nutrition (can be used towards PDA requirements if earned within six (6) years of the application date).
 - Previously completed 21 hrs. Diet/Exercise/Nutrition

- K. PDA Requirement: AC Expiration Date** _____ **CH Expiration Date** _____
- 30 PDA Points (13-24 mos. since recertification)
 - 60 PDA Points (25-48 mos. since recertification)



L. Document Clean Needle Technique Competency:

CCAOM CNT Completed within last six years, Yr. _____

M. PDA WORKSHEET

List **at least** 30 hours/points (13-24 months since last recertification) or 60 hours/points (25-48 months since last recertification) of approved PDA coursework and attach a copy of the certificates of participation.

Competency Maintenance — Approved coursework

List the continuing education/PDA programs attended and attach a copy of the certificate. A minimum of **30 PDA points** are required in this section. 60 points may be earned in this area.

Date	Program Title	# PDA Pts/CEUs
Core Skills — (Minimum 15 PDA points Required)		
Ethics and/or Safety – (Minimum 4 PDA points Required)		
Other Competency Maintenance Categories (i.e. Western Medicine, Practice Management, Adjunct Therapies)		



<input type="checkbox"/> CPR Verification (Required)		4

Professional Activities Optional (Maximum allowed 30 PDA)

Up to 30 points may be claimed in this area **only** if submitting 60 PDA points total. See the *NCCAOM® Recertification Handbook* for detailed activity descriptions and documentation requirements.

Date	Professional Activity Category	PDA's

Biomedicine: Please list additional 45 hours biomedicine coursework here (if applicable)

Date	Program Title	PDA's

Diet/Exercise/Nutrition: Please list additional 21 hrs. Diet/Exercise/Nutrition coursework here (if applicable)

Date	Program Title	PDA's

Total PDA points Submitted: _____



O. Fees (Application Fees are NOT Refundable)

<input type="checkbox"/> \$460 – NCCAOM Application Fee for Conversion to Oriental Medicine	Oriental Medicine certification confirms training in both Acupuncture and Chinese Herbology. NCCAOM assumes no liability for information not received. It is best to use a traceable method of delivery to send your materials. Candidates pay applicable fee(s) for each examination when registering for the examination.
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P. Payment (All Funds are due in U.S. Dollars)

Total Enclosed: \$			
Payment Type (Check One)	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Check/Money Order
Expiration Date:	Credit Card Number:		
Name of Cardholder:			
Signature of the Cardholder:			
Credit Card Billing Address:			

R. Statement of Acknowledgement and Attestation of Practitioner Experience *(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 to the best of my knowledge and belief. I acknowledge and agree to abide by and with the policies, procedures, and Code of Ethics promulgated and/or modified from time to time by NCCAOM, including all policies regarding examination irregularities, cheating, and cancellation of scores. I agree to inform and release to NCCAOM and its designated agents all pertinent information about my qualifications, eligibility or about other matters that may arise in connection with my application and/or my subsequent certification or recertification by NCCAOM. I attest that I have no felony convictions related to the practice of the AOM profession or any other health profession. 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 maintained NCCAOM certification in:
 _____ and/or _____

Applicant Signature:	Date:
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This NCCAOM Application for Conversion to Oriental Medicine form was acknowledged before me by the applicant.

Notary Public Signature:

Blank space for Notary Public Signature.

