



NCCAOM® Instructions and Application for Inactive Recertification Status

The following information consists of instructions to assist the Diplomate in completing the *NCCAOM® Application for Inactive Status*. 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 number below to the section on the *NCCAOM® Application for Inactive Status*. If, after reading the instructions, you still have questions please contact the NCCAOM office at 904-598-1005 or send an email to [info @ thnccaom.org](mailto:info@thnccaom.org).

1. INACTIVE STATUS TYPE

NCCAOM provides inactive status in Acupuncture, Chinese Herbology, Oriental Medicine and Asian Bodywork Therapy. Check the NCCAOM inactive status type for which you are applying. Only Diplomates who are not practicing and are in active certified status may apply for inactive status.

2. PERSONAL INFORMATION

The application requires the Diplomate to list a last name (family or surname), first name, and middle name. It is very important that the name(s) on this application match exactly with the NCCAOM certificate and identification card. Additional personal information required in this section includes a birth date and last four digits of your Social Security #. NCCAOM uses the date of birth and SSN as its main source of identification security. To complete a name change, send a request to NCCAOM including verifying documents (i.e., marriage license, divorce decree, etc.) and a photo copy of a document (driver’s license, etc.) containing the new identification.

3. CONTACT INFORMATION

NCCAOM uses a “preferred address” as well as an “alternative address” to meet the needs of our Diplomates. The preferred address is where all official NCCAOM correspondence will be mailed via the United States Postal Service. It is imperative that the preferred contact address is kept up-to-date because future recertification notifications are mailed directly to the preferred address. After inactive status is processed, the individual will be notified by email.

In the alternative address, the applicant may indicate additional contact information. An individual holding inactive status is not certified and will not be posted on the *NCCAOM® Find a Practitioner* directory.

Reminder: Individuals with an NCCAOM ID number can create an account on the NCCAOM website and update their own contact information.

4. PROFESSIONAL ETHICS and FITNESS TO PRACTICE

Practitioners holding active certification or inactive status 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. Individuals holding inactive status agree to be bound by the *NCCAOM® Code of Ethics* and *NCCAOM® Grounds for Professional Discipline*.

Individuals in inactive status are required to notify the NCCAOM within 30 days of any change to the information provided in the NCCAOM professional ethics and/or NCCAOM fitness to practice questions. Failure to report a change is a professional discipline violation and may result in disciplinary action.



In this application, important questions are asked regarding legal, ethical, and health statuses. Read the questions carefully. Answering “yes” to a legal or health status question does not necessarily mean inactive status will be denied by NCCAOM. Further documentation will be required and cases are reviewed by the NCCAOM Professional Ethics and Disciplinary Committee on an individual basis.

The NCCAOM reserves the right to take disciplinary action against an individual in inactive status which may include, but is not limited to the assignment of remedial education, formal criticism or censure, probation, suspension, and/or revocation of certification. The NCCAOM certificate technically remains the property of NCCAOM, and must be returned.

5. OCCUPATIONAL and PROFESSIONAL LICENSES

List the type of healthcare license(s) currently held, the identification number, and the state where the license is held.

6. Documentation to support the statement of request for Inactive status (medical, legal or personal).

Type or print the “Statement of Request” for inactive status. Attach copies of documentation; medical, legal or personal supporting the statement of request for inactive status.

7. FEES

The NCCAOM inactive status fee is \$75 and due at the time the paperwork is submitted to NCCAOM. The inactive status application fee is not refundable.

8. PAYMENT

- 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.

9. INACTIVE STATUS ATTESTATION AND SIGNATURE

The individual requesting inactive status must attest that the information provided on the application and the supporting documents are accurate, true and correct. The individual certifies that he/she is not practicing in the AOM profession. Individuals holding inactive status 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. Read the full attestation prior to signing.

Mail the Application

Sign and date the *NCCAOM[®] Application for Inactive Status* and mail it with the proper documentation and fee(s) 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 INACTIVE STATUS

1. Inactive Status Type

(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

- Inactive

Batch #: _____

Amount 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) _____/_____/_____	Last Four Digits of Social Security #

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:

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/or *NCCAOM® 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			

8. PAYMENT

Total Amount Enclosed: _____

Checks should be made payable to NCCAOM. 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)		

9. INACTIVE STATUS ATTESTATION AND SIGNATURE

I hereby certify that the information I provided in my statement of request for inactive status, and in supporting documents is accurate, true, and correct to the best of my knowledge and belief. I hereby certify that I am not practicing in the AOM profession. I acknowledge and agree to abide by and with the policies, procedures, and NCCAOM[®] Code of Ethics promulgated and/or modified from time to time by NCCAOM. 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 recertification application for request of inactive status with the 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 and agree that if I violate this attestation it may result in 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.

Signature: _____

Date: _____