



# NCCAOM<sup>®</sup> APPLICATION FOR INACTIVE STATUS

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

NCCAOM Recertification Due Date: \_\_\_\_\_

## Step 1 Current Certifications

I am requesting inactive status for the NCCAOM Certification(s) checked below.

- |   |   |
|---|---|
| <input type="checkbox"/> Dipl. O.M. (NCCAOM) <sup>®</sup> | <input type="checkbox"/> Dipl. C.H. (NCCAOM) <sup>®</sup> |
| <input type="checkbox"/> Dipl. Ac. (NCCAOM) <sup>®</sup>  | <input type="checkbox"/> Dipl. ABT (NCCAOM) <sup>®</sup>  |

## Step 2 Inactive Status 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 since your last recertification. Attach the <i>NCCAOM<sup>®</sup> Name Change Request Form</i> 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/Money Order#:	Stamp 'Date Received at NCCAOM'
Amount Paid:	Staff Initials:	
Batch #:		

**Alternate Contact Information**

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

**Professional Ethics and Fitness to Practice**

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

**Legal Status:** 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.

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"/>

**Health Status:** 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.

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.

**Occupational and Professional Licenses**

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

**Inactive Status Requirements**

An NCCAOM Diplomate, who is experiencing a life changing circumstance and is not practicing as an AOM professional, may qualify for inactive status by meeting the qualifications below. Inactive individuals may return to active status at any time during the inactive period, provided all current recertification requirements are documented.

1. Inactive Status Qualifications:

- A. Reasons accepted for Inactive status include situations affecting life circumstances (i.e., personal, family, medical, etc.).
- B. Diplomates may not be practicing as an AOM professional during the Inactive period.
- C. Complete the *NCCAOM® Application for Inactive Status* and submit it to NCCAOM with legal documents that support your Written Request below.

2. Inactive Status Terms:

- A. During Inactive status, the Diplomate loses all benefits and services of NCCAOM Certification including the use of the term Diplomate, the NCCAOM designations, posting of the NCCAOM service marks, etc. The Diplomate Newsletter continues to be delivered to Inactive statuses.
- B. Inactive status is valid for a period of two (2) years.
- C. If the Inactive Diplomate does not return to Active status after the two (2) year Inactive period, they are moved to Lapsed status and will owe an additional 15 PDA points (75 total) and a \$25 fee (\$280 total). If the Diplomate does not return to Active status within one (1) year following Inactive status, their NCCAOM certification is terminated.
- D. Inactive statuses may not apply for a second, consecutive period of Inactive status.

**Inactive Status Written Request**



**Step 3 Payment Method**

Active Diplomate to Inactive Status Fee	<input type="checkbox"/> OM \$100 each
	<input type="checkbox"/> Ac \$100 each
	<input type="checkbox"/> CH \$100 each
	<input type="checkbox"/> ABT \$100 each

Total Payment Enclosed: \_\_\_\_\_

Check   
 Money Order   
 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

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. I hereby certify that I am not practicing in the AOM profession. I acknowledge and agree to abide by the NCCAOM policies, procedures. I have read and understand the *NCCAOM® Code of Ethics* and *NCCAOM® 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. 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.

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 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.

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Diplomate Signature

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Date

### **Reminder!**

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

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