



## ***NCCAOM® Instructions and Application for Recertification***

The following information consists of instructions to assist the Diplomate in completing the *NCCAOM® Application for Recertification*. The application can be found on the NCCAOM website [www.nccaom.org](http://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 Recertification*. If, after reading the instructions, you still have questions please contact the NCCAOM office at 904-598-1005 or send an email to [info @ thennccaom.org](mailto:info@thennccaom.org).

### **1. TYPE OF RECERTIFICATION**

NCCAOM provides recertification in Acupuncture, Chinese Herbology, Oriental Medicine and Asian Bodywork Therapy. Check the NCCAOM type of recertification for which you are applying.

### **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 the recertification is processed, the NCCAOM recertification letter and identification card as well as the mountable wall certificate are mailed to this address.

In the alternative address, the applicant may indicate the contact information that is to be posted on the *NCCAOM® Find a Practitioner* directory.

Diplomates are reminded that they can create an account on the NCCAOM website and update their own contact information.

### **4. 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*.

Diplomates 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 a Diplomate's legal, ethical, and health statuses. Read the questions carefully. Answering "yes" to a legal or health status question does not necessarily mean a Diplomate will be denied NCCAOM recertification. 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 a Diplomate 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. PDA WORKSHEET**

In order to recertify, the Diplomate must obtain a CPR card and complete a minimum of \*\*60 PDA points during the four-year recertification cycle. The PDA Worksheet is a tool for the Diplomate to record the continuing education and professional activities they are submitting with the recertification 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 60 PDA points required for recertification; however the points may NOT be used toward the safety/ethics category under Competency Maintenance.

### **7. FEES**

The NCCAOM active status recertification fee is \$230 and due at the time the paperwork is submitted to NCCAOM. The recertification application fee is not refundable.

### **8. OPTIONAL FEES**

Diplomates who have converted to Oriental Medicine may recertify in Acupuncture and/or Chinese Herbology depending on the area of initial certification. In addition to a wall certificate and ID card for each certification, the Diplomate will be cross-referenced in the *NCCAOM® Find a Practitioner* directory on the website. To order, check the box(s) on the recertification application and include the additional payment.

**Note:** Only recertification in Oriental Medicine is required for Diplomates who have converted to Oriental Medicine certification.

### **9. 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.

#### **10. DIPLOMATE ATTESTATION and SIGNATURE**

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<sup>®</sup> 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.

#### **Mail the Application**

Sign and date the *NCCAOM<sup>®</sup> Application for Recertification* 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 RECERTIFICATION

## 1. TYPE of RECERTIFICATION

(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

- Active
- 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: _____ |  |   |
| 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:**

NCCAOM® Find a Practitioner directory  Publish  Do NOT Publish

|                                |       |                 |
|--------------------------------|-------|-----------------|
| 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       |       |           |                 |

## 6. PDA WORKSHEET

### Competency Maintenance — Continuing Education

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. Points may be carried over to other sections.

| Date  | Program Title | # PDA Pts/CEUs |
|---|---------------|----------------|
| <b>Core Skills —15 PDA points (Required)</b>                |               |                |
|   |               |                |
|   |               |                |
|   |               |                |
|   |               |                |
| <b>Ethics and/or Safety - 4 PDA points (Required)</b>       |               |                |
|   |               |                |
|   |               |                |
|   |               |                |
| <b>Adjunct Therapies / Electives —11 PDA points</b>         |               |                |
|   |               |                |
|   |               |                |
|   |               |                |
| <input type="checkbox"/> <b>CPR Verification (Required)</b> |               |                |

### Professional Activities

A maximum of **30 PDA points** may be submitted in this section. See pgs. 6 to 8 for detailed activity descriptions and documentation requirements.

| Date | Professional Activity Category | PDA<br>S |
|------|--------------------------------|----------|
|      |                                |          |
|      |                                |          |
|      |                                |          |

60 PDA Points are required for recertification in a four-year cycle.

Total PDA points Submitted: \_\_\_\_\_

## 7. FEES

### Active Status

|   |       |   |  |
|---|-------|---|--|
| <input type="checkbox"/> Acupuncture            | \$230 | = |  |
| <input type="checkbox"/> Chinese Herbology      | \$230 | = |  |
| <input type="checkbox"/> Oriental Medicine      | \$230 | = |  |
| <input type="checkbox"/> Asian Bodywork Therapy | \$230 | = |  |

### Lapsed Status

|   | Route 1<br>Pass online practice test & copy of state license |  | Route 2<br>\$55 & 15 pts for each year lapsed |   |   |  |
|---|--|--|---|---|---|--|
| <input type="checkbox"/> Acupuncture            | <input type="checkbox"/> Practice Test                       | <input type="checkbox"/> State License | <input type="checkbox"/> \$25/yr              | <input type="checkbox"/> 15 PDA points/yr | = |  |
| <input type="checkbox"/> Chinese Herbology      | <input type="checkbox"/> Practice Test                       | <input type="checkbox"/> State License | <input type="checkbox"/> \$25/yr              | <input type="checkbox"/> 15 PDA points/yr | = |  |
| <input type="checkbox"/> Oriental Medicine      | <input type="checkbox"/> Practice Test                       | <input type="checkbox"/> State License | <input type="checkbox"/> \$25/yr              | <input type="checkbox"/> 15 PDA points/yr | = |  |
| <input type="checkbox"/> Asian Bodywork Therapy | <input type="checkbox"/> Practice Test                       | <input type="checkbox"/> State License | <input type="checkbox"/> \$25/yr              | <input type="checkbox"/> 15 PDA points/yr | = |  |

### Inactive Status

|   |      |   |  |
|---|------|---|--|
| <input type="checkbox"/> Acupuncture            | \$75 | = |  |
| <input type="checkbox"/> Chinese Herbology      | \$75 | = |  |
| <input type="checkbox"/> Oriental Medicine      | \$75 | = |  |
| <input type="checkbox"/> Asian Bodywork Therapy | \$75 | = |  |

## 8. OPTIONAL FEES

|   |                      |  |
|---|----------------------|--|
| <b>Duplicate Wall Certificate: One Certificate is issued as part of your renewal. this option is for additional copies. (limit 2)</b> | Wall Certificate Fee |  |
| <input type="checkbox"/> Acupuncture  | \$50                 |  |
| <input type="checkbox"/> Asian Bodywork Therapy   | \$50                 |  |
| <input type="checkbox"/> Chinese Herbology  | \$50                 |  |
| <input type="checkbox"/> Oriental Medicine  | \$50                 |  |
| Reason for Duplicate Wall Certificate Request:  |                      |  |

|  |       |   |           |
|--|-------|---|-----------|
| <b>Recertification Overlapping Certification(s)</b><br>NCCAOM Oriental Medicine Diplomates only. Who first certified in Acupuncture and/or Chinese Herbology and Converted to OM | Fee   |   |           |
| <input type="checkbox"/> Acupuncture   | \$100 | = |           |
| <input type="checkbox"/> Chinese Herbology   | \$100 | = |           |
| <b>Total Fees</b>  |       |   | <b>\$</b> |

## 9. 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) |                                     |  |

## 10. DIPLOMATE ATTESTATION AND SIGNATURE

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 NCCAOM<sup>®</sup> 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 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_