



NCCAOM® Application for Certification

76 S. Laura Street, Suite 1290
 Jacksonville, FL 32202
 904-598-1005
www.nccaom.org

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

Step 1 Certification

- Oriental Medicine
- Acupuncture
- 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 <i>NCCAOM® 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 #:		

NCCAOM® Find a Practitioner Directory This information will be published when Certification is awarded.

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?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If you answer "yes" please attach the ADA forms available on the NCCAOM website.</i>

Professional Ethics and Fitness to Practice

NCCAOM® Code of Ethics:		
Have you read and understood the <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.

Professional Licenses

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

Eligibility Route to Sit For the NCCAOM Exams

<input type="checkbox"/> Route 1 Formal Education - United States: <input type="checkbox"/> Pre-Graduate <input type="checkbox"/> Graduate
<input type="checkbox"/> Route 2 Formal Education – International
<input type="checkbox"/> Route 3 Apprenticeship
<input type="checkbox"/> Route 4 Combination Route – Apprenticeship and Education

School Information

School Name:	NCCAOM School Code:
Address:	Date Enrolled:
	Date Graduated:
	Degree Awarded:

NCCAOM Exam Language

<input type="checkbox"/> English	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean
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Step 3 Fees and Payment

- Oriental Medicine \$ 595
- Acupuncture \$ 475
- Chinese Herbology \$ 425

Effective July 1, 2016

For your protection, credit card payments will be accepted for online applications only.

For additional information on how to apply online,
visit the NCCAOM website at <http://www.nccaom.org/applicants/>.

The application payment is non-refundable. Payment is due in U.S. dollars and a check/money order is payable to NCCAOM. Examination fees are listed in the *NCCAOM® Certification Handbook* and are paid to Pearson Professional Test Center at the time the exam is scheduled.

Total Payment Enclosed: _____ Check Money Order

NCCAOM Certification Requirements

- I understand I am required to fulfill the steps below to complete my NCCAOM Certification.
1. Successfully pass all the NCCAOM examinations for this application.
 2. I have requested my CNT certificate be sent directly to NCCAOM from CCAOM.
 3. I have requested my graduate transcript/apprenticeship be sent directly to NCCAOM from my school/preceptor.

Step 4 Statement of Acknowledgement & Signature

I hereby certify that the information I provided on this application and in any supporting document is accurate, true, and correct. I have read and understood the *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. I acknowledge that application fees are non-refundable.

I understand that the NCCAOM will release my name and the score I received on my examinations issued by Pearson VUE on behalf of the NCCAOM to the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) and the ACAOM Academic Institution(s) I have attended. I further understand that this information is used by my institution to meet accreditation requirements. The information to be released is intended solely for the use of ACAOM and the school officials at the academic institution. I understand that once released by the NCCAOM any disclosure of information by the recipient is not the responsibility of the NCCAOM and that the information may no longer be protected by Federal or State law.

NCCAOM occasionally promotes advertising for companies who provide Professional Development Activity (PDA) coursework to certified Diplomates. Among other things, these companies provide seminars and conferences that are pre-approved by NCCAOM for PDA points. These seminars and conferences provide Diplomates with opportunities to complete their re-certification requirements which could then be submitted in the Diplomate'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. I understand that I may opt-out by unsubscribing from the notification when it is received.

Applicant Signature

Date

Mail this application and payment to:

NCCAOM
76 S. Laura Street, Suite 1290
Jacksonville, FL 32202

Steps to NCCAOM Certification

