



# How to Submit an Online Application for Emeritus-Retired Designation

**For NCCAOM Active Diplomates**



The NCCAOM is indebted to its long-standing Diplomates who have devoted many years to the practice of acupuncture and Herbal medicine and also contributed immensely to the NCCAOM and the profession. The Emeritus-Retired Diplomate designation allows veteran Diplomates to stay involved with the Acupuncture and Herbal Medicine (AHM) profession and continue their affiliation with NCCAOM.

### **Requirements for Retired Designation. The Diplomate:**

- Must have held active NCCAOM certification for a minimum of eight (8) years OR has become disabled and can no longer perform AHM tasks.
- Is currently at active or inactive NCCAOM certification status; an NCCAOM Diplomate who has become disabled and was certified active or holding inactive status with the NCCAOM at the time of their disability.
- Is no longer providing direct clinical care including acupuncture services, herbal treatments, or Asian Bodywork treatments; and.
- Is free and clear of all disciplinary actions.

## **Submitting an Online Application**

**Step 1.** Login into your Online Portal. If you do not remember your login credentials, please contact [info@thennccaom.org](mailto:info@thennccaom.org) . Creation of a Duplicate account will cause delays in location of your certification record.

|  |   |
|--|---|
| <p><b>Welcome to our new certification portal</b></p> <p><b>DON'T HAVE AN ACCOUNT?</b></p> <p>If you don't have an account, it's easy to create one.<br/>(PDA Provider Responsible Parties: You also will start here to obtain an NCCAOM® ID.)</p> <p><a href="#">Create New Account</a></p> <p><b>ALREADY HAVE AN ACCOUNT?</b></p> <p>If you have registered online with us before, please continue to use your existing login information.</p> | <p><b>Login</b></p> <p><input type="text" value="Username"/></p> <p><input type="password" value="Password"/></p> <p><a href="#">Login</a> <a href="#">Forgot Password?</a></p> <p><b>Forgot your Username and Password</b></p> <ul style="list-style-type: none"><li>• If you have registered with us before but do not remember your login information, click <a href="#">here</a> for password assistance.</li></ul> <p><b>Questions</b></p> <p>If you have questions or need further assistance, please contact us at (888) 381-1140 or <a href="mailto:info@thennccaom.org">info@thennccaom.org</a>.</p> |
|--|---|



**Step 2.** Once Logged into your Online Portal, scroll down to [Recertification](#) Section.

**Step 3.** Click “E-Retire” link\*.

| Recertification |                         |             |              |                           |                  |                  |  |
|-----------------|-------------------------|-------------|--------------|---------------------------|------------------|------------------|--|
| Specialty       | Accrual Period          | CE Required | CE Remaining | Completion                | Recert Available | Status           | Action   |
| AC              | 07/01/2019 - 06/30/2023 | 60          | 48           | <div><div></div>20%</div> | 07/01/2022       | Recert Available | <a href="#">Report CE</a><br><a href="#">Recertify</a><br><a href="#">Inactive</a>   <a href="#">E-Retire</a><br><a href="#">Details</a> |

\* If this link is not visible in your recertification section, your certification is in Lapsed status.

**Step 4.** Update your demographic information is necessary and click “Save”

**Step 5.** Informational screen, click “Next”

| Emeritus-Retired Application                          |      |                         |        |            | New Reco         |
|---|------|-------------------------|--------|------------|------------------|
| Recert Cycle: AC Recert Cycle 07/01/2019 - 06/30/2023 |      |                         |        |            |                  |
| Select Recert Cycle                                   |      |                         |        |            |                  |
| Available Recert Cycles                               |      |                         |        |            |                  |
| Action  | Cert | Period                  | CE Req | Remaining  | Status           |
| Select  | AC   | 07/01/2015 - 06/30/2019 | 60     | CE Req Met | Completed        |
| Select  | AC   | 07/01/2019 - 06/30/2023 | 60     | 48         | Recert Available |
| Selected Record                                       |      |                         |        |            |                  |
| AC Recert Cycle 07/01/2019 - 06/30/2023               |      |                         |        |            |                  |
| Cancel Next   |      |                         |        |            |                  |



## Step 6. Informational screen. Click “Next”.

Emeritus-Retired Application

New Record

Recert Cycle: AC Recert Cycle 07/01/2019 - 06/30/2023

Eligibility Requirements

The following criteria must be met by the Diplomate to be awarded the Emeritus-Retired Diplomate Designation status. The Diplomate:

1. must have held active NCCAOM certification for a minimum of eight years OR has become disabled and can no longer perform AHM tasks;
2. is currently at active or inactive NCCAOM certification status;  
an NCCAOM Diplomate who has become disabled and was certified active or holding inactive status with the NCCAOM at the time of their disability;
3. is no longer providing direct clinical patient care including acupuncture services, herbal treatments, or Asian Bodywork treatments; and
4. is free and clear of any and all disciplinary actions.

Cancel

◀ Prev

Next ▶

## Step 7. Informational Screen about Non-refundable application fee of \$150. Click “Next to Proceed”

Emeritus-Retired Application

New Record

Recert Cycle: AC Recert Cycle 07/01/2019 - 06/30/2023

Fee Information

Fee Information

☒ [Acupuncture E-Retired Application Fee](#)

150.00

☐ Override

Total (USD):

150.00

If you have any special code(s) for this transaction, enter them here (one per line) and press the Reprice button

Reprice

Cancel

◀ Prev

Next ▶



**Step 8.** Upload documents verifying your acupuncture license being free and clear of any disciplinary action. Click “Add files” green button and to upload a file from your device. Click “Next” when done.

**Emeritus-Retired Application** **New Record**

Recert Cycle: AC Recert Cycle 07/01/2019 - 06/30/2023

Clear License Verification

**Document of No Disciplinary:** Please upload the document verifying clear of disciplinary action (state verification form).

Document of No Disciplinary\*

Preferred formats: pdf, png, jpg

[+ Add files...](#) [Cancel upload](#)

[Cancel](#) [Prev](#) [Next](#)

**Step 9.** Now you can report your professional licenses. Please note this step is optional. If you choose to report your healthcare license, click “Add license” orange button.

**Emeritus-Retired Application** **New Record**

Recert Cycle: AC Recert Cycle 07/01/2019 - 06/30/2023

License

[Add License](#)

**Reported Licenses**

Click the **Add** button to report your licenses.

Query SQL

[Cancel](#) [Prev](#) [Next](#)



## Step 10. Confirmation screen. Click "Next".

**Add License**

Confirmation Screen

Please review the information below.

To make corrections, click **Prev**.

When all information is correct, click **Submit**.

| General                   |             |
|---------------------------|-------------|
| License Type              | Acupuncture |
| License Number            | 123456      |
| Issuing Country           | USA         |
| Issuing State             | MO-Missouri |
| Issue Date                | 10/01/2010  |
| Licensure Expiration Date | 10/31/2021  |

| Attachments |                     |                           |       |      |
|-------------|---------------------|---------------------------|-------|------|
| File(s)     | Uploaded            | File Name                 | Size  | Type |
|             | 09/20/2020 11:40 am | Transitional Document.pdf | 85 KB | pdf  |

◀ Prev

Next ▶

Submit

Cancel

**Emeritus-Retired Application****New Record**

Recent Cycle: AC Recert Cycle 07/01/2019 - 06/30/2023

License

Add License

**Reported Licenses**

| Sel                                 | License                                      | Issued     | Expires    | Status   | Action             |
|-------------------------------------|--|------------|------------|----------|--------------------|
| <input checked="" type="checkbox"/> | Acupuncture - MO #123456 expiring 10/31/2021 | 10/01/2010 | 10/31/2021 | Reported | <div>EditDel</div> |

Listed: 1

[Query SQL](#)

Cancel

◀ Prev

Next ▶



**Step 11.** In this step you will answer Professional Ethics questions. If you select answer “Yes” to any of these questions, you will be required to provide a description of the issue as well as upload any supporting documentation. If none of this applies to you, simply select “No”. Click “Next”.

Emeritus-Retired Application

New Record

Recert Cycle: AC Recert Cycle 07/01/2019 - 06/30/2023

Professional Ethics

**Legal Status:** If you answer YES to any of the questions below, you are **required** to upload documentation providing additional information. 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.

Q1: Have you ever been convicted of a felony

Select One\*  
☐ Yes  
☐ No

Q2: Have you ever been convicted of a misdemeanor

Select One\*  
☐ Yes  
☐ No

Q3: Are you currently the subject of an investigation by any licensing board or health-related professional association or school

Select One\*  
☐ Yes  
☐ No

Q4: Have you ever been denied or voluntarily surrendered a license to practice in any health-related profession

Select One\*  
☐ Yes  
☐ No

Q5: Have you been a defendant in litigation related to the practice of a health-related profession

Select One\*  
☐ Yes  
☐ No

Explain if convicted of any felony

Zoom

Preferred formats: pdf, png, jpg

+ Add files...

Cancel upload

Cancel

Prev

Next



**Step 12.** In this step you will answer Fitness to Practice questions. If you select answer “Yes” to any of these questions, you will be required to provide a description of the issue as well as upload any supporting documentation. If none of this applies to you, simply select “No”. Click “Next”.

The screenshot displays the 'Conversion App' interface for a 'New Record'. At the top, it shows 'Certification: Convert to Oriental Medicine' and 'Eligibility Route: Route 1: US Degree - Graduate'. The main section is titled 'Fitness to Practice' and contains a 'Health Status' warning: 'If you answer YES to any of the questions below, you are required to upload documentation providing additional information. 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.'

Two questions are listed:

- Q1:** Within the past five 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 a period of more than three consecutive months?  
Select One ☐ Yes ☐ No
- Q2:** Within the past five years, has substance abuse, including alcohol, interfered with your ability to practice a health-related profession or otherwise interrupted your professional or academic activities for a period of more than three consecutive months?  
Select One ☐ Yes ☐ No

A 'Cancel' button is located at the bottom left of the question area. Below the questions, there is a section for 'Explain health status interfered' with a large text input field and a 'Zoom' button. At the bottom, it lists 'Preferred formats: pdf, png, jpg' and provides two buttons: '+ Add files...' and 'Cancel upload'.





**Step 13.** This is the Attestation page of your application. Please read it through and provide electronic signature. First name and the last name in your signature must match to ones on your Profile. Click “Next” once completed.

**AC Emeritus-Retired App...****CMS-ERETAPP-3**

Recert Cycle: AC Recert Cycle 07/01/2019 - 06/30/2023

Affirmation

In submitting this application, I fully understand that it is an application only and does not guarantee retired designation. I further understand by signing this application I attest that I will, now and in the future adhere to all relevant provisions of the NCCAOM® Code of Ethics and NCCAOM® Grounds for Professional Discipline. I further understand that any false statement or misrepresentation that I may make in the course of these proceedings or on this application may result in the revocation of this application and the issuance of a complaint of violation on said Code. I acknowledge that application fees are non-refundable.

I understand that the NCCAOM® reserves the right to revise or update this application and its NCCAOM® Code of Ethics and NCCAOM® Grounds for Professional Discipline, and that it is my responsibility to be aware of these current requirements. I further understand that I am obligated to inform the NCCAOM® of changed employment circumstances that may materially affect my application or designation. I further understand that it is my responsibility to provide any requested documentation in connection with this application.

I understand the NCCAOM® will include my name in a registry of individuals and I agree to use the retired Diplomate designation credential only as permitted by NCCAOM® policies. I understand I am not eligible to use the NCCAOM® service mark(s). I understand and agree that NCCAOM® may also use anonymous and aggregate application data for statistical and research purposes. I attest that I have no current felony convictions related to the practice of the AOM profession or any other health profession. I attest that I am fully retired from all practice in the AOM profession or a recognized subspecialty of the AOM profession for the purpose of retirement and I do not plan to perform in an office or clinical setting, the practice of acupuncture or Oriental medicine at any time in the future. I further attest that I held an active or inactive certification with the NCCAOM® not in lapsed or terminated status) and was at least sixty-two (62) years of age or fully disabled on the date of this retirement application.

E-Signature\*

First Name

Last Name

Cancel

◀ Prev

Next ▶



**Step 14.** Informational Screen. Please verify all information you have submitted and click “Submit Application”.

**AC Emeritus-Retired App...****CMS-ERETAPP-3**

Recert Cycle: AC Recert Cycle 07/01/2019 - 06/30/2023

Confirmation Screen

**Select Recert Cycle**

|              |   |  |  |  |
|--------------|---|--|--|--|
| Recert Cycle | AC Recert Cycle 07/01/2019 - 06/30/2023 |  |  |  |
|--------------|---|--|--|--|

**Clear License Verification**

|                             |  |               |                |               |
|-----------------------------|--|---------------|----------------|---------------|
| Document of No Disciplinary | 1. <a href="#">FAIL_09142022.pdf</a>         |               |                |               |
| License                     | <b>License</b>                               | <b>Issued</b> | <b>Expires</b> | <b>Status</b> |
|                             | Acupuncture - MO #123456 expiring 10/31/2021 | 10/01/2010    | 10/31/2021     | Reported      |

**Professional Ethics**

|   |    |
|---|----|
| Q1: Convicted of any felony?                | No |
| Q2: Convicted of any misdemeanor?           | No |
| Q3: Investigation of any felony?            | No |
| Q4: Disciplinary or administrative actions? | No |
| Q5: Investigation by any licensing board?   | No |
| Q6: Denied license to practice?             | No |
| Q7: Defendant in litigation?                | No |

**Fitness to Practice**

|  |    |
|--|----|
| Q1: Health status interfered?                    | No |
| Q2: Impaired at any time due to substance abuse? | No |

**Affirmation**

|             |  |
|-------------|--|
| E-Signature |  |
|-------------|--|

Cancel

◀ Prev

Next ▶

Submit Application

**Step 15.** Last Step – application fee payment. Please note: the total amount due and the payment method. Only American Express, Visa and Master Card are accepted.

Choose your payment method and click “Submit”.

System will redirect you to a secure PayPal portal for CC information. Click “Pay Now” after you enter all required Credit Card information. Do not navigate from the PayPal page until your transaction has been completed.



This is a confirmation screen that your application has been submitted and payment processed successfully.

This Payment receipt will also be emailed to you and recorded on your profile.

You can print your receipt or return to your Online Portal.

### Payment Successful

Thank you. Your payment is complete and has been assigned the ID: **CMS-PMT-29160**. Please note this for future reference.

The following is a summary of payment:

| Item | Trx Date   | Description  | Amount |
|------|------------|--|--------|
| 1    | 09/22/2022 | Acupuncture E-Retired Application Fee<br>CMS-ERETAPP-3: AC Emeritus-Retired Application for recent cycle ending 2023 | 150.00 |

You may [print](#) this page for your records and an email confirmation has been sent via email.

[Return to Main Menu](#)

When You return to your Online Portal, you will see:

- Now you have an Emeritus-Retired Application
- You can click “Review” link to track the status of the application at any time.

[Apply for New Certification](#) [Intl Verification](#) [Request State Verification](#) [Diplomate Benefits](#) [Receipts](#) [Update Profile](#)

**System Message**  
Emeritus-Retired Application: You have 1 emeritus-retired application pending review. [Review](#)

**Account Overview**  
[Update](#)  

|                               |                     |
|-------------------------------|---------------------|
| <b>Profile</b>                |                     |
| Name                          | Jane Doe            |
| Designation                   | Dipl. Ac. (NCCAOM)® |
| NCCAOM ID                     | 6313                |
| FAP Opt Out Preference        |                     |
| <b>Contact Info</b>           |                     |
| Email Address                 | jdoe@yahoo.com      |
| Home Phone                    | 202 222-2222        |
| Work Phone                    | 202 222-2222        |
| <b>Additional Information</b> |                     |
| Web Address                   |                     |
| Date of Birth                 | 10/1/1951           |
| SSN                           | 3251                |
| FAP Opt Out Preference        |                     |
| Gender                        | Female              |
| CNT Certificate Date          | 6/11/1993           |
| Designation                   | Dipl. Ac. (NCCAOM)® |