



How to Submit an Online Application for 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 Oriental medicine and also contributed immensely to the NCCAOM and the profession. The retired Diplomate designation allows veteran Diplomates to stay involved with the Acupuncture and Oriental Medicine (AOM) profession and continue their affiliation with NCCAOM.

Requirements for Retired Designation:

- Currently at Active or Inactive NCCAOM status. OR permanently disabled making it impossible to continue as an AOM practitioner.
- Sixty-two (62) years of age
- Must be permanently retired as an AOM practitioner(not treating patients) in the United States or abroad.
- Have a free discipline record with NCCAOM and the state acupuncture license record at the time of application.

Submitting an Online Application

Step 1 . Login into your Online Portal. If you do not remember your login credentials, please contact info@thenccaom.org . Creation of a Duplicate account will cause delays in location of your certification record.

Welcome to our new certification portal

DON'T HAVE AN ACCOUNT?

If you don't have an account, it's easy to create one.
(PDA Provider Responsible Parties: You also will start here to obtain an NCCAOM® ID.)

[Create New Account](#)

ALREADY HAVE AN ACCOUNT?

If you have registered online with us before, please continue to use your existing login information.

Login

[Login](#) [Forgot Password?](#)

Forgot your Username and Password

- If you have registered with us before but do not remember your login information, click [here](#) for password assistance.

Questions

If you have questions or need further assistance, please contact us at (888) 381-1140 or info@thenccaom.org.



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

Step 3. Click "Retire" link*.

Recertification							
Specialty	Accrual Period	CE Required	CE Remaining	Completion	Recert Available	Status	Action
AC	10/01/2015 - 09/30/2019	60	60	0%	10/01/2018	Recert Available	Report CE Renew Inactive Retire Details

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

Step 4. Update your demographic information if necessary and click "Save"

Step 5. Informational screen, click "Next"

Retire Application New Record

Recert Cycle: AC Recert Cycle 10/01/2015 - 09/30/2019

Select Recert Cycle

The certification you have indicated for retirement is listed below.
Press **Next** to continue.

Available Recert Cycles					
Action	Cert	Period	CE Req	Remaining	Status
Select	AC	10/01/2015 - 09/30/2019	60	60	Recert Available

Selected Record

- AC Recert Cycle 10/01/2015 - 09/30/2019

Cancel

Next >

Step 6. Choose Route of Eligibility for Retirement. Click "Next".

Portal QC Version
 Logged In: Olga Cox (Staff)

Retire Application New Record

Recert Cycle: AC Recert Cycle

Eligibility Route

Available Eligibility Routes (Select One)

Action	Eligibility Route
<input type="button" value="Select"/>	Retire Due to Age
<input type="button" value="Select"/>	Retire Due to Disability

Listed: 2

[Query SQL](#)

Step 7. Informational Screen about Non-refundable application fee of \$50. Click "Next to Proceed"

Portal QC Version
 Logged In: Olga Cox (Staff)

Retire Application New Record

Recert Cycle: AC Recert Cycle
 Eligibility Route: Retire Due to Age

Fee Information

Fee Information

Acupuncture Retired Application Fee	50.00
Total (USD):	50.00

Step 8. Upload documents verifying your age (Driver's License) and velar professional license (can be obtained from your state website or requested from licensing board). Click "Next" when done.

QC Version

Logged In: Olga Cox (Admin)

Retire Application New Record

Recert Cycle: AC Recert Cycle 10/01/2015 - 09/30/2019
Eligibility Route: Retire Due to Age


Age Verification

Document of Age: Please upload a government issued ID indicating your Date of Birth (Dr. License, passport, etc.)

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


Document of Age* Preferred formats: pdf, png, jpg

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

10-14-2018 10:41 am	Drivers License.pdf	37.51 KB	
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Document of No Disciplinary Preferred formats: pdf, png, jpg

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

10-14-2018 10:41 am	Clear Professional License.pdf	37.51 KB	
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[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.

The screenshot shows a web portal titled "Portal" with a "QC Version" indicator and "Logged In: Olga Cox (Staff)". The main heading is "Retire Application" with a "New Record" link. Below this, the "Report Cycle" is set to "AC Report Cycle" and the "Eligibility Route" is "Retire Due to Age". A section titled "License" contains instructions: "Click on **Add License** to information and documentation for each license held. When all licenses have been listed, click on **Next** to continue." An orange button labeled "Add License" is highlighted with a red arrow. Below this is a section titled "Reported Licenses" with the instruction "Click the **Add** button to report your licenses."

Step 10. Be prepared to enter license information and upload a copy of it. Once done, click “Next”.

The screenshot shows the "Add License" form with the following fields and values:

- License Type*: Acupuncture
- License Number*: 54654327
- Issuing Country*: USA
- Issuing State*: MT-Montana
- License Expiration Date*: 7/31/2018

Below the date field, there is a note: "If your license was issued in a country where the license does not expire, enter 12/31/2099". At the bottom right, there are two orange buttons: "Next" and "Cancel".

Step 11. 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	54854327
Issuing Country	USA
Issuing State	MT-Montana
Licensure Expiration Date	07/31/2018

Attachments				
File(s)	Uploaded	File Name	Size	Type

← Prev
Next →
Submit
Cancel

Step 12. 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".

Portal QC Version
Logged In: Test1120 Test1120

Conversion App **New Record**

Certification: Convert to Oriental Medicine
Eligibility Route: Route 1: US Degree - Graduate

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 related to the practice of a health-related profession?
Select One™ Yes
 No

Q3: Are you currently charged with or the subject of an investigation for any felony or misdemeanor related to the practice of a health-related profession?

Professional Ethics

Q4: Have you ever been convicted of a misdemeanor related to the practice of a health-related profession?
Select One™ Yes
 No

Q5: Are you currently charged with or the subject of an investigation for any felony or misdemeanor related to the practice of a health-related profession?

Q1: Have you ever been convicted of a felony?
Select One™ Yes
 No

Explain if convicted of any felony™

Zoom

Preferred formats: pdf, png, jpg

Step 13. 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".

Portal QC Version
Logged In: Test1120 Test1120

Conversion App New Record

Certification: Convert to Oriental Medicine
Eligibility Route: Route 1: US Degree - Graduate

Fitness to Practice

Health Status: 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.

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

Fitness to Practice

Health Status: 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.

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

Explain health status interfered**

Preferred formats: pdf, png, jpg



Step 14. 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.

Portal **QC Version**

Logged In: Olga Cox (Admin)

Retire Application **New Record**

Recert Cycle: AC Recert Cycle 10/01/2015 - 09/30/2019
Eligibility Route: Retire Due to Age

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

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

Portal
QC Version

Logged In: Olga Cox (Staff)

Retire Application **New Record**

Recent Cycle: AC Recent Cycle

Eligibility Route: Retire Due to Age

Confirmation Screen

Select Recent Cycle

Recent Cycle	AC Recent Cycle
Eligibility Route	Retire Due to Age

Fee Information

Acupuncture Retired Application Fee	50.00
Total (USD):	50.00

Age Verification

Document of Age	1. five time max.png
Document of No Disciplinary	1. coming soon.png

Professional Ethics

Q1: Convicted of any felony?	No
Q2: Convicted of any misdemeanor?	No
Q3: Disciplinary or administrative actions?	No
Q4: Denied license to practice?	No

Fitness to Practice

Q5: Health status interfered?	No
Q6: Impaired because of substance abuse?	No

Affirmation

E-Signature	
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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.

QC VersionLogged In: Olga Cox (Staff)

Payment Successful

Thank you. Your payment is complete and has been assigned the ID: CMS-PMT-5266. Please note this for future reference.

The following is a summary of payment:

Item	Date	Description	Amount
1	08/21/2018	Acupuncture Retired Application Fee CMS-RETAPP-14: AC Retire Application for reoert cycle ending 2019	50.00

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

[Return to My Account](#)

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

- Now you have an Inactive 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

Retire Application: • You have 1 retire application pending review. [Review](#)

Account Overview

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