State of Maine

BOARD OF COMPLEMENTARY HEALTH CARE PROVIDERS

Acupuncturist

Do not return the following informational pages with your application; it is for your information only

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8620 or Main Receptionist (207) 624-8603
TTY users call Maine relay 711
FAX (207) 624-8637
Web address: www.maine.gov/professionallicensing
Email: comphealth.lic@maine.gov

FAQ's

Have a question? Please visit our list of Frequently Asked Questions.

Can I come to Gardiner to drop off my application?

No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address 35 State House Station, Augusta, ME 04333.

APPLICATION INSTRUCTIONS

ACUPUNCTURIST & CUSTOM-MADE CHINESE HERBAL FORMULATIONS CERTIFICATE

Information checklist for documents to be submitted to the Board in one package at time of application. (This is an abbreviated checklist and does not replace the requirements outlined in the Complementary Health Care Providers Laws and Rules. Please review them carefully for more detailed and clarifying information.)

Fax submissions of applications and supporting documentation will not be accepted.

ONE OF THE TWO METHODS DESCRIBED BELOW MAY BE USED TO ACHIEVE LICENSURE:

Method #1 -Applying With Baccalaureate Degree

- □ Baccalaureate Degree;
- □ Official Acupuncture School Transcript of 1,000 acupuncture classroom hours;
- □ Official verification of 300 acupuncture hours of clinical experience; and
- □ Official copy of the NCCAOM Certification.

Method #2 - Applying As Registered Nurse Or Physician's Assistant

- □ Verification of Licensure as Registered Professional Nurse, or
- □ Verification of Completion of Training Program and Examination as Physician's Assistant, and
- □ Official Acupuncture School Transcript of 1,000 acupuncture classroom hours
- □ Official verification of 300 acupuncture hours of clinical experience
- □ Official copy of the NCCAOM Certification

□ **Completed Application**
Complete, sign the application and submit with the appropriate fees and documentation.

□ **Proof of age**
A copy of your official birth certificate or other official legal document is acceptable.

□ **Any other supporting documentation such as: verification of licensure**
Submit verification from every state in which you currently hold or have ever held any type of professional license (except Maine).

CONTINUING EDUCATION

As an Acupuncturist you will be required to satisfy the Continuing Education requirements identified in Chapter 5 of the Board's rules. Please be sure to review this chapter carefully.

The Board of Complementary Health Care Providers requires that all supporting documents and fees be submitted with the filing of your application. **Your application will be considered incomplete and will be returned if supporting documents and/or fees are omitted.** Documents that have been modified or altered in any way will not be accepted.

PROCESSING TIME:
Your application has a greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Action on this application is posted to the web in real time. Please visit our website if you wish to monitor progress. If the status appears as Pending, this means that your application was received by this office and it is pending or under review. Once reviewed and if everything about your application is complete and complies with requirements, the authority to administer will be issued and the status will show as ACTIVE.

Please refrain from calling our office to "check" on your application as these calls only serve to slow our ability to review and process applications. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website www.maine.gov/professionallicensing. We appreciate your thoughtful attention to this request.

The application process must be complete within 90 days of submission or application and supporting materials will be invalid pursuant to Board Rule, Chapter 3, 1-B.

IMPORTANT INFORMATION REGARDING YOUR LICENSE: The Office no longer prints licenses. Upon issuance of your license, you will be notified by email using the email address you provide in this application from *noreply@maine.gov* that your license has been issued with your license attached to the email (a paper license will not be sent by regular mail). The email with your license will contain the access code that is required to renew your license online when the time comes. You may also update your contact information and email address using this access code, go online to www.maine.gov/professionallicensing.

Approximately sixty (60) days prior to the expiration of your license a courtesy renewal reminder will be sent to you by email. It is important that you maintain a current email on file or risk not receiving the renewal reminder. You do not need to wait for a renewal reminder to renew your license. The online renewal opens sixty (60) days prior to the license expiring and you may renew online anytime.

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION

APPLICANT INFORMATION (please print)
FULL LEGAL NAME *FIRST* *MIDDLE INITIAL* *LAST*
ANY OTHER NAMES EVER USED:
DATE OF BIRTH *mm* / *dd* / *yyyy* SOCIAL SECURITY NUMBER - -
CONTACT ADDRESS
CITY STATE ZIP COUNTY
PHONE # ( ) FAX # ( ) E-MAIL (**Your license will be emailed)**
BACKGROUND CHECK NOTICE: Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

Board of Complementary Health Care Providers

Acupuncturist

Required Fee: $201.00—Non-Refundable

(includes criminal records check fee)

Office Use Only:

(AC) 1421 - $180.00
2619 - $21.00

Office Use Only:

Check #_____
Amount:_____
Cash #_____
Lic. #_____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by credit card, fill out the following:

NAME OF CARDHOLDER (please print) *FIRST* *MIDDLE INITIAL* *LAST*

MAILING ADDRESS OF CARDHOLDER (please print)

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS The following amount: $_____

☐ **I understand that fees are non-refundable**

Card number: Expiration Date *mm* / *yyyy*

SIGNATURE **DATE**

SECTION 1: AGE

Date of Birth:	Evidence of date of birth must accompany this application

SECTION 2: QUALIFYING PATHWAYS – CHECK ONE OF THE FOLLOWING:

☐ Check here if by, **Baccalaureate Degree** from an accredited institution of higher learning. 32 MRS §12512, Sec. 1 (B)(1) requires you to present an official transcript of a baccalaureate degree or copy of diploma.

Name of institution	Date of Graduation

Contact Address:		
City:	State	Zip

Official transcript or copy of a diploma demonstrating your education must be submitted with your application

☐ Check here if by, evidence of being a Maine **registered professional nurse**. You must present evidence from the Maine State Nursing Board of your license status. An online verification is acceptable.

Registered Professional Nurse License #: Expiration Date:

☐ Check here if by, **qualified physician's assistant** and having successfully completed a training program and any competency examination required by the Maine Board of Licensure in Medicine. You must submit the following:

Submit proof of passage of the Physician Assistant National Certifying Examination administered by the National Commission of Physician Assistants or its successor.

Date of Examination: Passing Score:

Submit an official transcript showing completion of an educational program for physician assistants or surgeon's assistants accredited by the American Medical Association Committee on Allied Health Education and Accreditation, or the Commission for Accreditation of Allied Health Education Programs, or their successors, or a copy of a diploma from such a program.

SECTION 3: EXAMINATION:

NCCAOM is the only board-approved examination.

List the jurisdiction(s) where you took the examination, type of examination, date of examination and score:

Jurisdiction	Examination Type	Date	Score

You must arrange for direct verification of examination results from NCCAOM or you may submit a copy of your NCCAOM Certificate.

☐ Yes

☐ No

SECTION 4: LICENSE VERIFICATION

Provide evidence of licensure. Accepted forms of evidence are: 1) A copy of the State's or Jurisdiction's primary source online verification services or 2) report produced by the Licensing Board or Jurisdiction is acceptable.

DISCIPLINE: If discipline was imposed on any license, submit a copy of the Consent Agreement, Order or legal document from your State or Jurisdiction of licensure.

If you do not hold or have not held a professional license please check here ☐

State or Jurisdiction	License Type	License Number	Date Issued	Expiration Date	Was Discipline Ever Imposed - Answer (Yes or No)
1.					
2.					
3					

SECTION 5: CHECK APPROPRIATE RESPONSE TO THE QUESTION BELOW. ANY YES RESPONSE MUST BE FULLY EXPLAINED BY WRITTEN STATEMENT ON A SEPARATE SHEET OF PAPER, SIGNED AND DATED, AND SUBMITTED WITH YOUR APPLICATION.

Have you ever received a sanction from Medicare or from a state Medicaid program? 1. ☐ Medicare OR ☐ Medicaid Program (State) _____ 2. Submit a copy of the official action by the entity. 3. Provide a detailed explanation in your own words on a separate sheet of paper.	☐ Yes ☐ No

SECTION 6: NOTICES

PLEASE NOTE - 10 Day Notification Requirement

Pursuant to 10 MRS §8003-G - any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days.
You can access this Law for your review at:
http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html

SECTION 7: APPLICANT'S CERTIFICATION AND SIGNATURE

Read the statement below and sign where indicated as your certification of the information provided on this application. Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted and will be returned. This includes, but is not limited to, unanswered questions, lack of appropriate signature, information is illegible, missing required supporting documents, and/or missing or wrong fee.
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Maine Board of Complementary Health Care Providers will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Printed Name of Applicant	Title
Signature of Applicant	Date