



# State of Maine

## BOARD OF COMPLEMENTARY HEALTH CARE PROVIDERS

### Naturopathic Doctor Acupuncture Specialty

*Do not* return the following 4 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](http://www.maine.gov/professionallicensing)  
Email: [comphealth.lic@maine.gov](mailto: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**

### **Naturopathic Acupuncture Specialty Certification**

This is an abbreviated checklist and does not replace the requirements outlined in the Board of 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.**

**Completed Application**

Complete, sign the application and submit with the appropriate fees and documentation.

**Proof of Education**

Official transcripts (see 32 MRS § 12525 (1)(A)).

**Reference Letters**

Two signed original reference letters addressing good ethical and professional conduct from two of any of the following licensed doctors: naturopathic doctor, osteopathic doctor or medical doctor.

**Examination Results**

Evidence of having passed the (NPLEX Exam) competency-based examination covering the appropriate naturopathic subjects. The applicant shall arrange for direct verification from NABNE of passing scores on the biomedical science and core clinical science section of the NPLEX.

**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 a Naturopathic Doctor 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.

## **SUPPORTING DOCUMENTS**

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 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 license 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](http://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](mailto: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](http://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.

## VERIFICATION OF LICENSURE

**\*\* A copy of your license is not considered a license verification \*\***

If you hold or have held a professional license in another state or jurisdiction, you must submit evidence from the State of licensure in the form of a License Verification.

You must contact the State Licensing Board or Jurisdiction that you currently hold a valid license to obtain a license verification. At a minimum, the license verification must include:

- Initial date of issuance
- Expiration date
- Current status, i.e. active, inactive, lapsed, probation, restricted, suspended, or revoked.
- Indication of discipline-yes/no, a checkbox, (no) files attached, etc.—if the State requires a separate search, such as New York State, submit the page where your name would be listed if you had discipline, but do not submit all the search results (could be 20-30 pages).

Please direct the licensing jurisdiction to send the License Verification report to you directly and in turn you must submit this verification with your completed Maine application.

A sample license verification is available on the Board's website in the applications and forms section.

**IMPORTANT:** Applications submitted without **all of the Verifications of Licensure** from the licensing jurisdiction(s) will not be accepted and your application returned as incomplete.

You may also obtain an electronically produced License Verification directly from the State Board website. For electronic License Verifications please be sure that it contains the State web-address and date the License Verification was printed, and any indication of disciplinary history.



**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				<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	
ANY OTHER NAMES EVER USED:							
DATE OF BIRTH			<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER			- -
CONTACT ADDRESS							
CITY	STATE	ZIP	COUNTY				
PHONE # ( )		FAX # ( )		E-MAIL (Your license will be emailed)			
<b>BACKGROUND CHECK NOTICE:</b> 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  
Naturopathic Doctor Acupuncture Specialty**

Required Fee: \$56.00 (Non-Refundable)  
(includes criminal records check fees)

You must hold a valid Maine Naturopathic Doctor license to be eligible for this specialty.

Naturopathic Doctor License #: \_\_\_\_\_ Exp: \_\_\_\_\_

*Office Use Only:*  
(NAC) 1421 - \$ 35.00  
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)				<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
MAILING ADDRESS OF CARDHOLDER (please print)						
I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS The following amount: \$ _____						
<input type="checkbox"/> I understand that fees are non-refundable						
Card number:			Expiration Date <i>mm / yyyy</i>			
<b>SIGNATURE</b>			<b>DATE</b>			

## **SECTION 1: EDUCATION**

**Official transcript demonstrating your education must be submitted with your application.**

Name of Acupuncture School		Date of Graduation
Contact Address	Street or P.O. Box	
City	State	Zip Code

## **SECTION 2: NATUROPATHIC DOCTOR ACUPUNCTURE SPECIALTY CERTIFICATION**

Please check all that apply and submit official transcripts and supporting documentation with your application.

- An official transcript verifying 1,000 of hours of classroom training in acupuncture, which must be substantiated on the official transcript.
- Verification of 300 hours of supervised clinical experience in acupuncture as described in rules.
- Verification of passing scores on NCCAOM examination, which must be verified by the NCCAOM. An official NCCAOM certificate or written verification from NCCAOM is acceptable.

**SECTION 3: 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 4: CHECK APPROPRIATE RESPONSE TO THE QUESTIONS 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.**

<p>Have you had a hospital or similar health care institution privileges ever been denied or suspended, restricted or withdrawn involuntarily; or have you ever voluntarily surrendered privileges or resigned from staff membership while under peer review?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever received a sanction from Medicare or from a state Medicaid program?</p> <p>1. <input type="checkbox"/> Medicare <u>OR</u> <input type="checkbox"/> 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.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

## **SECTION 5: 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 6: 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
	