



Montana Board of Alternative Health Care

PO Box 200513

301 S Park, 4th Floor

Helena, MT 59620-0513

Phone: 406-444-6880 Email: dlibsdhhelp@mt.gov Website: www.althealth.mt.gov

Licensing Requirements and Application Checklist Acupuncturist

Licensing Requirements for Acupuncturist

Below are the minimum requirements you must meet in order to be licensed in the state of Montana.

1. Age 18 or older – [MCA [37-13-302](#)]
2. Graduation from an approved school of acupuncture accredited by ACAHM – [MCA [37-13-302](#)]
3. Passage of the Foundations of Oriental Medicine, Acupuncture with Point Location, and Biomedicine examinations required for certification in acupuncture by NCCAOM – [MCA [37-13-302](#), [ARM 24.111.801](#)]
4. Passage of CCAHM Clean Needle Exam [[ARM 24.111.801](#)]
5. Good moral character as determined by the board [MCA [37-13-302](#)]

Checklist of Required Documents to Submit for Application for Acupuncturist

The following documents and additional forms are required in addition to the basic application. State licensure, educational and examination verifications must be sent to the board directly from the state or source.

- Copy of birth certificate or driver's license
- Official license verification from states and jurisdictions in which the applicant holds or has ever held a professional license of any type
- Official transcript from a school accredited by ACAHM
- Verification from NCCAOM and CCAHM of exam results sent directly to the Board office.
- If you answered yes to discipline questions, include a detailed explanation on the event(s) and documentation from the source (licensing board, federal agencies/programs, or civil/criminal court proceedings such as initiating/charging documents, final disposition/judgement documents, etc.)

Application Fee(s) for Acupuncturist

The following fee(s) must be submitted with your application. Online applicants can pay using a credit card or e-check. If you submit a paper application you must submit a check. Do not mail cash.

- \$125 application fee

To apply online visit <https://ebiz.mt.gov/POL/>. Online application is recommended.

Include a valid e-mail address with your application. E-mail is the department's primary form of communication.

MONTANA BOARD OF ALTERNATIVE HEALTH CARE

P. O. Box 200513 (301 South Park Avenue 4 th Floor – Delivery Only)

Helena, Montana 59620-0513

Phone (406) 444-6880

E-MAIL: dlibsdahc@mt.gov

WEBSITE: www.althealth.mt.gov

Application for Licensure as Certified Acupuncturist

TYPE OR PRINT IN BLACK OR BLUE INK

1. FULL NAME: _____
Last First Middle

2. OTHER NAME(S) KNOWN BY _____

3. BUSINESS NAME _____

4. BUSINESS ADDRESS _____
Street or PO Box # City and State Zip

5. HOME ADDRESS _____
Street or PO Box # City and State Zip

PREFERRED MAILING ADDRESS: Business Home E-MAIL ADDRESS: _____

6. TELEPHONE (_____) _____ (_____) _____ (_____) _____
Business Home Fax

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____

9. GENDER MALE FEMALE

10. Please list all Post-High School education in the profession for which you are seeking licensure. Use a supplemental sheet if needed.

Name of School	Address of School	Dates Attended	Degree Earned

11. Have you ever previously applied for a license to practice in Montana? If yes, give date and results. Yes No
12. Have you ever been denied licensure or the opportunity to take a professional licensing examination in any state or country? If yes, attach a detailed explanation. Yes No
13. Have you ever withdrawn an application for an acupuncturist license? If yes, please give the state and reason for withdrawal. Yes No

14. **PRACTICE HISTORY:** List all activities after professional school in chronological order, up to and including the present. Specify nature of activity; for example, private practice, hospital practice, vacation, school, private employment, etc. Account for all periods of time longer than 1 month. Indicate specific month and year for each activity.

FACILITY NAME	FACILITY ADDRESS	DATES EMPLOYED

15. List all professional/occupational licenses, registrations and certificates in which you hold or **ever** held. Verifications for each license must be sent directly to Montana from each state licensing board.

State	License #	Issue Date	Expiration Date	License Method	Requested State Verification
				<input type="radio"/> Exam <input type="radio"/> Endorse <input type="radio"/> Other	Yes <input type="radio"/> No <input type="radio"/>
				<input type="radio"/> Exam <input type="radio"/> Endorse <input type="radio"/> Other	Yes <input type="radio"/> No <input type="radio"/>
				<input type="radio"/> Exam <input type="radio"/> Endorse <input type="radio"/> Other	Yes <input type="radio"/> No <input type="radio"/>
				<input type="radio"/> Exam <input type="radio"/> Endorse <input type="radio"/> Other	Yes <input type="radio"/> No <input type="radio"/>
				<input type="radio"/> Exam <input type="radio"/> Endorse <input type="radio"/> Other	Yes <input type="radio"/> No <input type="radio"/>

PERSONAL HISTORY QUESTIONS - IMPORTANT INSTRUCTIONS AND NOTICE

- Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
- You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested

PERSONAL HISTORY QUESTIONS

16. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? Yes No
17. Have you ever surrendered a credential like those listed in question 16, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? Yes No
18. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? Yes No
19. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? Yes No

20. Have you ever withdrawn an application for any professional license? Yes No

21. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? Yes No

22. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) Yes No

Note: "Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

23. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? Yes No

24. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? Yes No

Note: A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

25. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction? Yes No

26. Are you now subject to criminal prosecution or pending criminal charges? Yes No

27. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? Yes No

28. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? Yes No

29. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? Yes No
30. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? Yes No
31. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding? Yes No
32. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked? Yes No
33. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked? Yes No

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Department of Labor and Industry, Healthcare Licensing Bureau. I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Dated