



Montana Board of Medical Examiners

PO Box 200513

301 S Park, 4th Floor

Helena, MT 59620-0513

Phone: 406-444-6880 Email: dlibsdlhelp@mt.gov Website: www.medicalboard.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](#), [ARM 24.156.1404](#)(1)(e)]
2. Graduation from an approved school of acupuncture accredited by ACAOM – [MCA [37-13-302](#), [ARM 24.156.1404](#)]
3. Passage of examinations required for certification in acupuncture by NCCAOM – [MCA [37-13-302](#), [ARM 24.156.1403](#), [ARM 24.156.1404](#)]
4. Passage of CCAOM Clean Needle Exam [[ARM 24.156.1403](#), [ARM 24.156.1404](#)]
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 ACAOM.
- Verification from NCCAOM and CCAOM of exam results.
- Unopened National Practitioner Data Bank self-query report as delivered to applicant by NPDB.
- 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.

- \$100 application fee

You can apply for a license online at <https://ebiz.mt.gov/POL/> or download a paper application from the website. Online application is recommended.

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

If you have any questions about the application process or the licensing requirements please contact the Department of Labor and Industry Professional Licensing Bureau using the contact information at the top of this checklist.

MONTANA BOARD OF MEDICAL EXAMINERS

PO Box 200513

301 South Park Avenue 4th Floor

Helena MT 59620-0513

406-444--6880 FAX: 406-841-2305

E-MAIL: dlibsmed@mt.gov WEBSITE: www.medicalboard.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 10 days for processing from the date that the Board has a complete routine application)

NOTE: ALL DOCUMENTS NOT IN ENGLISH MUST BE ACCOMPANIED BY CERTIFIED TRANSLATIONS.

ADDITIONAL FORMS TO BE SUBMITTED FOR AN APPLICATION TO BE COMPLETE:

- **National Practitioner Data Bank (NPDB) self-query:** This document will be sent to you by the NPDB and must be sent unopened to the Board office. To begin a self-query, visit www.npdb.hrsa.gov
- **License Verifications:** Verifications must be sent from the state directly to the Board. Some states charge a fee for verification. Contact each board prior to sending the request.
- **NCCAOM Exam Results:** Your NCCAOM exam scores must be sent directly to the Board by NCCAOM. Results can be e-mailed to: unitb@mt.gov

APPLICATION PROCEDURES:

- When the application file is complete, it will be processed and considered by Board staff for permanent licensure. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.
- If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration. Non-routine applications may take up to 120 days to process.

Any Application requiring Board review must be complete, with all materials received by the Department, no later than 15 working days in advance of the next scheduled Board meeting. Applications completed after that deadline will not be put on the Board's agenda.

PROCESSING PROCEDURES:

- Once a routine application is complete, the application takes up to 10 days to process from the time it is received in the Board office.
- The applicant will be notified in writing of any deficient or missing items from the application file.
- Once a routine application is processed and approved a permanent license will be issued.

For information with regard to the processing of this application and other concerns please contact the Board of Medical Examiners staff at (406) 444-6880 or email us at dlibsmed@mt.gov

PLEASE BE SURE REVIEW THE MONTANA LAWS AND RULES FOR ACUPUNCTURISTS ON OUR WEBSITE:
www.medicalboard.mt.gov

MONTANA BOARD OF MEDICAL EXAMINERS
P. O. Box 200513 (301 South Park Avenue 4 th Floor – Delivery Only)
Helena, Montana 59620-0513
Phone (406) 444-6880 FAX (406) 841-2305
E-MAIL dlibsdmed@mt.gov WEBSITE: www.medicalboard.mt.gov

Application for Licensure as Certified Acupuncturist

PLEASE TYPE OR PRINT IN INK.

(Please allow 10 days for processing from the date that the Board has a complete routine application)

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 number 1, 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 on Questions 8 and 9: Applicants who disclose medical, physiological, mental, or psychological conditions or chemical substance use in Question 8 or 9 may qualify for participation in the Montana Professional Assistance Program. Please visit the board website for more information about this program. "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

The following information is provided for Question 25 below:

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

VERIFICATION OF LICENSURE

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE AS AN ACUPUNCTURIST. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD:

I am applying for a license to practice acupuncture in the State of Montana. The Medical Board requires this form to be completed by each state wherein I hold or ever have held a professional/occupational license. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF MEDICAL EXAMINERS, P. O. BOX 200513, 301 SOUTH PARK AVENUE, HELENA, MT 59620-0513**. Your early response is appreciated.

(Signature) Name: _____
(Please print)

Address:

My License Number is: _____

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF MEDICAL EXAMINERS

State of: _____

Full Name of Licensee: _____

License No.: _____ Issue Date: _____

License is current? Yes No If NO, explain _____

Has license been suspended, revoked, placed on probation or otherwise disciplined? Yes No

If YES, explain and attach documentation

Has licensee ever been requested to appear before your Board? Yes No If YES, explain:

Derogatory information, if any _____

Comments, if any _____

BOARD SEAL

Signed: _____
Title: _____
State Board: _____ Date: _____