

ALTERNATIVE HEALTH CARE BOARD

P.O. Box 200513
Helena, MT 59620-0513
Phone (406) 444-6880

E-MAIL: dlibsdahc@mt.gov WEBSITE: althealth.mt.gov

Acupuncturist 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 Have you ever withdrawn an application for an acupuncturist license?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
				☐ Exam ☐ Endorse ☐ Other	Yes ☐ No ☐
				☐ Exam ☐ Endorse ☐ Other	Yes ☐ No ☐
				☐ Exam ☐ Endorse ☐ Other	Yes ☐ No ☐
				☐ Exam ☐ Endorse ☐ Other	Yes ☐ No ☐
				☐ Exam ☐ Endorse ☐ Other	Yes ☐ No ☐

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.
- 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