



Bureau of Professional Licensing
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APPLICATION FOR ACUPUNCTURIST REGISTRATIONS

Authority: 1978 PA 368

Print or Type Clearly

Applicant's Name (First, Middle, Last)	10-Digit MI Permanent ID/Registration Number <i>(If Applicable)</i>		
U.S. Social Security # <i>(New Applicants Only)</i>	Date of Birth		
Address			
City	State	Zip Code	Country
Telephone Number	Email Address		
List any other name or alias by which you have ever been known, including maiden name, if applicable: _____			

CHECK THE REGISTRATION/OBTAINED BY METHOD	FOR OFFICE USE ONLY	
Acupuncturist – By Endorsement \$275.75 5401-09 Acupuncturist \$275.75 5401-01 Acupuncturist – Re-Registration \$295.75 5401-06	Registration Number	Issue Date
Your check or money order, drawn from a U.S. financial institution and made payable to the STATE OF MICHIGAN , must accompany this request. DO NOT SEND CASH. Fees are non-refundable.		

LARA/BPL-ACUPNEWRELIC (Rev. 2/17)

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Professional Education
(Attach additional sheets if necessary)

Name of School	Name of Education Program

Registration(s) in Other State(s) and/or Registration Countries

List each state or country where you have ever held an Acupuncture Registration, the registration or registration number, the date issued, how the registration was obtained, and whether sanctions have ever been imposed and/or if disciplinary proceedings are currently pending against that license or registration. (Attach additional sheets if necessary)

If you indicate there have been sanctions imposed and/or pending disciplinary proceedings against a license or registration, you must submit documentation that the sanctions are not in force or there are not pending disciplinary proceedings at the time of this application.

State/Country	Permanent License/Registration Number	Date of Issuance	How obtained (examination, endorsement)	Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings? (If yes, be specific)

Good Moral Character Questions

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance? Yes No

If you answer "yes" to either question, you must submit documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a registration. Documentation may include a certificate of employability, if applicable.

CERTIFICATION AND SIGNATURE

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-registration screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Federal Bureau of Investigation, Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, or specialty licensure or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

I certify that the statements in this application are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I further attest that I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838.

Signature

Date

ADDITIONAL DOCUMENTS AND/OR INFORMATION

All Applicants

- Upon review of your application, you will be mailed an Application Confirmation letter containing instructions to complete the Criminal Background Check (***except those applicants seeking re-registration, if the registration expired within the last three years***).
- Arrange for the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) to provide official written verification of current diplomat status in Acupuncture or Oriental Medicine. The written verification must come from NCCAOM directly. You may contact NCCAOM via their website: www.nccaom.org. The NCCAOM verification form is found under “Applicants”, “State Licensure”, “Exam Results and State Verification”.
- If you do not hold current NCCAOM certification, you must hold certification by an organization with equivalent certification standards as determined by the board. To establish equivalent certification standards, the following information should be provided:
 - A copy of the certification criteria, including but not limited to, educational and experiential requirements.
 - A copy of the examination booklet or a description of the content of the examination and examination scores, as issued by the certifying or testing agency.
 - An affidavit from the appropriate certifying body or testing agency that describes that certification examination at the time the examination was administered.
 - If you were licensed or registered in another state, an affidavit from the appropriate state licensing or registration board or licensing or registration agency that describes the legal standards that had been in effect at the time of registration.
- If your educational program was not taught in English, then you must satisfy either of the following:
 - Obtain a score of not less than 550 on the Test of English as a Foreign Language (TOEFL) and a score of not less than 50 on the Test of Spoken English.
 - Obtain a score of not less than 50 on the Test of English as a Foreign Language Internet-Based Test (TOEFL ibt).The TOEFL, Test of Spoken English, and TOEFL ibt are administered by the Educational Testing Service (ETS). You may contact ETS via telephone at (609) 771-7100, via email at toefl@ets.org, or at their website at www.toefl.org, to arrange for the examination(s) and have the results sent to the Bureau.

Acupuncturist by Re-Registration

- In addition to the information requested above, if you are or have been registered in another state, you must submit documentation that the registration or license is unrestricted and in good standing at the time of the application.