

Board of Acupuncture

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

ACUPUNCTURIST REGISTRATION INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended

This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Acupuncture. Questions regarding your application can be directed to the Board of Acupuncture at (517) 335-0918 three weeks after the date you submit the application. Please allow 6-8 weeks processing time. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.

ACUPUNCTURE REGISTRATION:

1. Complete the application and return it to the Board of Acupuncture with the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. An application accompanied by the appropriate fee is valid for two years. Applications received without a fee will be returned.
2. All applicants for a health profession license in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license will not be issued until this process is complete.
3. Arrange for the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) to provide official verification of your current certified diplomat status in Acupuncture or Oriental Medicine. The official written verification must be submitted directly from NCCAOM. You may contact NCCAOM via their website: www.nccaom.org. The NCCAOM verification form is attached to this application packet.
4. An applicant whose acupuncture education program was taught in a language other than English shall satisfactorily complete the TOEFL (passing score is 550 on the written examination or 213 on the computerized exam) and TSE (passing score is 50) examinations or the TOEFLibT (overall passing score of 89).

Results of the examination(s) should be sent directly to this office from ETS. You can contact ETS at (609) 771-7100 or at their website at www.toefl.org (e-mail: toefl@ets.org) to arrange to take these examinations or to have results sent to our office.

5. Send the enclosed Verification of Licensure or Registration form to any state or province where you currently hold or have ever held a permanent acupuncture license or registration. The form may be duplicated as needed. As most states/provinces charge a fee for this service, you should contact each state to determine if a fee is required before sending them the form for completion. The verification form must be sent to the Michigan Board directly from each state where you have been licensed.

ACUPUNCTURIST REGISTRATION BY ENDORSEMENT (You must be currently licensed or registered in another state.)

1. Complete the application and return it to the Board of Acupuncture with the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. An application accompanied by the appropriate fee is valid for two years. Applications received without a fee will be returned.
2. All applicants for a health profession license in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license will not be issued until this process is complete.
3. Send the enclosed Verification of Licensure or Registration form to any state or province where you currently hold or have ever held a permanent acupuncturist license. The form may be duplicated as needed. As most states/provinces charge a fee for this service, you should contact each state/province to determine if a fee is required before sending them the form for completion. The verification form must be sent to the Michigan Board directly from each state or province where you have been licensed.
4. Arrange for the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) to provide official verification of your current certified diplomat status in Acupuncture or Oriental Medicine. The official written verification must be submitted directly from NCCAOM. You may contact NCCAOM via their website: www.nccaom.org. The NCCAOM verification form is attached to this application packet.
5. If an applicant for licensure by endorsement who is not a certified diplomate of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in Acupuncture or Oriental Medicine must submit the following:
 - a. A copy of the certification requirements including education and examination for licensure or registration in the state where you were first licensed.
 - b. A copy of the certifying or testing agency that describes the content of the examination and passing scores required.
 - c. An official affidavit directly from the certifying body or testing agency that describes the certification examination at the time the examination was administered.
 - d. An official affidavit from the state agency describing the examination and legal standards that were in effect at the time of licensure or registration.

GENERAL INFORMATION

1. NAME AND/OR ADDRESS CHANGES: If there is a change in your name and/or address, please notify the Acupuncture Board in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Acupuncture Board in writing to request a refund.
3. NOTE: If you have ever been licensed in another state and you have a current disciplinary sanction on that license, (even if the license is inactive), you are not eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license.
4. ACUPUNCTURE REGISTRATIONS ISSUED FOR THE FIRST TIME IN 2011 WILL BE VALID UNTIL SEPTEMBER 30, 2012; SUBSEQUENT RENEWALS ARE VALID FOR A TWO-YEAR PERIOD.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

STEVEN H HILFINGER
DIRECTOR

**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS- (Michigan locations only)
AGENCY ID NUMBER IS 71734k**

Applicants for a Michigan health professional license may have their fingerprints taken by either L-1 Identity Solutions or Cogent Systems. Whether you use L-1 Identity Solutions or Cogent Systems, the Agency ID Number for health professional licensing is 71734k. This ID number MUST be used in order to have your fingerprint report sent to the Bureau of Health Professions. Keep the receipt you receive once your fingerprints are taken.

You must bring the Livescan Fingerprint Request Form (attached) and a driver's license or other state or federal-issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprinting agency when registering for or scheduling your appointment.

When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police. If no criminal history is found, the Bureau of Health Professions will be notified. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.

Information about fees and scheduling your fingerprint appointment with L-1 Identity Solutions can be found at www.L1enrollment.com or by calling 1-866-226-2952.

Information about fees and registering to have your fingerprints taken by Cogent Systems can be found at www.cogentid.com/index.htm. Click on Michigan and then select the Cogent MAPS (Michigan Applicant Processing Service) option. If you are using Cogent Systems, the MAPS option must be used for health professional licensing purposes. Cogent Systems can be reached by phone at 1-877-838-4903. E-mail inquiries about using Cogent Systems may be sent to mihelp@cogentsystems.com.



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STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
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**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS
(For applicants out of state or out of country)**

1. Contact a local law enforcement , governmental, or private fingerprinting agency to see if they can perform an ink fingerprint on an FBI (FD-258) card or on another state's official fingerprint card. The ink fingerprint must be completed on card stock.
2. Submit the card with your fingerprints, the completed Livescan Fingerprint Request Form (attached) and a business check or money order for \$62.75 made payable in U.S. Funds to L-1 Identity Solutions to the following address:

L-1 Enrollment Services/LiveScan Processing Unit
1650 Wabash Ave. Ste. D
Springfield, IL 62704

3. Please include a daytime telephone number or e-mail address where you can be reached if there are any questions.
4. L-1 Identity Solutions will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Bureau of Health Professions will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.
7. Call L-1 Identity Solutions toll-free at 1-866-226-2952 (8 am - 5 pm EST) if you have any questions.
8. L-1 Identity Solutions is under contract with the Michigan State Police (MSP) to provide fingerprint services. For questions, call MSP at (517) 241-0606.

LIVESCAN FINGERPRINT REQUEST FORM

Fingerprint Date:	TCN:
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Type of I.D. Presented:	Type of Licensure/Registration:
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Applicant Instructions: Take this completed form along with your picture I.D. to your scheduled appointment. Please print clearly.

First Name:	Middle Name:	Last Name:	
Street Address:			
City:	State:	ZIP Code:	
Daytime Telephone Number w/ Area Code:		State or Country of Birth:	
Date of Birth (MM/DD/YYYY):	Race:	Sex:	
Height:	Weight:	Eye Color:	Hair Color:

REQUESTING AGENCY INFORMATION

Agency I.D. Number: 71734k	Agency Name: Department of Licensing and Regulatory Affairs, Bureau of Health Professions
Reason Fingerprinted: LHP - Licensed Health Care Professional (MCL333.16174)	Cost:

****Disclaimer:** Any and all errors that result in dual fingerprinting (Duplicate transmission to MSP), multiple fingerprint codes, fingerprints processed with incorrect fingerprint codes/reasons, etc., are the responsibility of the **LIVESCAN AGENCY**. **MSP** will charge for dual fingerprinting (transmission), etc.

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 P.O. Box 30670
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REGISTRATION APPLICATION

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, a license will not be issued.

Type or Print

I AM APPLYING FOR THE FOLLOWING:

- Acupuncturist Fee: \$275.00 71-5401-01
- Acupuncturist by Endorsement Fee: \$275.00 71-5401-09

Board Use Only
License Number:
Date of Licensure:

Your check or money order drawn on a U.S. financial Institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

Legal First Name		Legal Middle Name		Legal Last Name	
U.S. Social Security Number			Date of Birth		Daytime Telephone Number
Street Address				E-mail Address	
City		State		ZIP Code	
All Previous Names and/or Birth Name Used (if applicable)					
Have you ever held a health professional license in Michigan? <input type="checkbox"/> No <input type="checkbox"/> Yes			Michigan Health Professional Permanent I.D./License Number and Expiration Date		

Check the appropriate answer to each of the following questions. NOTE: Submit a detailed explanation for any YES answer you check on a separate sheet with your application.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name

7. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? Yes No
8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? Yes No
9. Do you hold or have you ever held an acupuncturist permanent license or registration in any state? Yes No
 If yes, list each state, the license number, the date issued, and how the license or registration was obtained (either endorsement or examination). You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)

State	License/Registration Number	Date of Issue	How obtained (Endorsement or examination)

10. Do you possess a current certification conferred by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) ? No Yes If yes, date of certification: _____
11. Was the educational program you completed accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM)? Yes No

Provide a complete chronological record of your educational preparation. Attach additional sheets if necessary.

Name and address of Institution	Dates of Attendance		Degree
	From	To	

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of their pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my registration and that such misrepresentation is punishable by law.

Signature of Applicant	Date
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Michigan Department of Licensing and Regulatory Affairs

Bureau of Health Professions

P.O. Box 30670

Lansing, MI 48909

www.michigan.gov/healthlicense

VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Medicine	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Audiology	<input type="checkbox"/> Nursing	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Nursing Home Admin.	<input type="checkbox"/> Physician's Assistants
<input type="checkbox"/> Counseling	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Optometry	<input type="checkbox"/> Psychology
<input type="checkbox"/> Marriage & Family Therapy	<input type="checkbox"/> Osteopathy	<input type="checkbox"/> Respiratory Therapy
<input type="checkbox"/> Sanitarian	<input type="checkbox"/> Social Work	<input type="checkbox"/> Veterinary Medicine
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature

Date

Type or Print Name

(S E A L)

Title

Full Name of Licensing Board