

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Health Regulation Administration



MEDICAL PROGRAM BRANCH
ADVISORY COMMITTEE ON ACUPUNCTURE

APPLICATION INSTRUCTIONS AND FORMS FOR A LICENSE
TO PRACTICE ACUPUNCTURE IN THE DISTRICT OF COLUMBIA

We welcome your interest in becoming a licensed acupuncturist in the District of Columbia and look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read these instructions carefully. Any application not completed in accordance with these instructions will be returned without action. All fees are earned when paid and cannot be transferred or refunded.

All individuals who wish to practice acupuncture in the District of Columbia except for those individuals practicing acupuncture in a clinical training program who have met the standards of the educational requirements listed under acupuncture and oriental medicine or Section 4702.2(a) of Title 17, DCMR must apply for licensure in the District of Columbia in order to practice as an acupuncturist.

Applicants who have successfully completed the National Examination administered by the National Commission for the Certification of Acupuncturist (NCCA) (the national examination) or who wish to sit for the District of Columbia's practical examination shall apply by Examination only.

WHERE TO FILE

All new license applications and documents should be sent to the following address:

Department of Health
Health Professional Licensing Administration
899 North Capitol Street, NE
First Floor
Washington, DC 20002

Checks or money orders for application and license fees should be made payable to DC Treasurer and submitted along with your application.

If you have any questions, call DOH/HPLA's Customer Service line at 1-888-204-6193 between 8:00 a.m. and 5:00 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required signatures or with incorrect fees will be returned in their entirety, including fees. Please print or type all information except signatures.

GENERAL REQUIREMENTS FOR ALL APPLICANTS

- A. Applicant must not have been convicted of an offense, which bears directly on the applicant's fitness to be licensed.
- B. Applicant must be at least 18 years of age.
- C. Applicant shall submit the following:

1. A complete and signed application form;

2. Please submit two (2) identical, recent passport-size photographs (2x2 inches in size) on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies. In addition, we will not accept 3x3 or larger Polaroid - type photos. Please be sure to mail in your two photos and write on the back of the photos your full name and either your license number or Social Security Number. Photos will be placed on the pocket license.
 3. You will also need to submit one (1) **clear photocopy of a government issued photo ID**, such as your valid driver's license, as proof of identity.
 4. Certified transcript of acupuncture education.
- D. Comply with all other applicable requirements set forth in these instructions:
- E. Application Fees
- F. All fees are earned when paid and cannot be transferred or refunded. Please make check or money order payable to DC Treasurer.

Application fee for license by examination **\$230.00**

For information concerning the application process call (888) 204-6193

EDUCATION REQUIREMENTS

- A. The Board may approve the education and training qualifications of an applicant who has successfully completed a program in the practice of acupuncture that:
1. Is provided in a school that is legally chartered or organized in the state, territory or country where the school is located, or is accredited or recognized by:
 - a. The National Accreditation Commission for Schools and Colleges of Acupuncture and Oriental Medicine;
 - b. An accrediting body recognized by the Secretary of the United States Department of Education; or
 - c. A Department of Education of a state or territory of the United States that uses published standards to evaluate the program's content, facilities and administration; and
 2. Consist of:
 - d. Three (3) academic years of instruction including five hundred (500) hours of clinical training in a school for acupuncture; or
 - e. Two (2) academic years of instruction in a school for acupuncture and fifteen hundred (1500) contact hours of apprenticeship under a preceptor who is a licensed acupuncturist in good standing.
- B. The Board may approve the education and training qualifications of an applicant who has completed an apprenticeship in acupuncture that:
1. Extends for a period of three (3) years;
 2. Includes a minimum of forty-five hundred (4500) contact hours of clinical training with increasing responsibilities in patient care culminating in complete treatment; and
 3. Is under a preceptor who is a licensed acupuncturist in good standing.
- C. The Board may approve the education and training qualifications of an applicant, prior to the effective date of these rules:
1. Has completed three (3) years of practice that consists of:

- a. Treating a minimum of one hundred (100) patients per year with a minimum of five hundred (500) patient visits; and
 - b. Treating patients with general health problems; and
 - 2. Document such practice to the satisfaction of the Board by the following evidence, keeping confidential a patient's identity:
 - a. Patient records;
 - b. Billing records; or
 - c. Other credible evidence.
- D. The Board may approve the education and training qualifications of an applicant who:
 - 1. Is a physician duly licensed in good standing in the District of Columbia; and
 - 2. Completed two hundred and fifty (250) hours of instruction in the practice of acupuncture in one of the following:
 - a. A program of training and instruction accredited by an entity listed in above item A, of these instructions.
 - 3. A Continuing education program that is designated as an American Medical Association Physician's Award category I program by the sponsoring organization.
- E. An applicant who seeks licensure based upon a formal academic program shall submit a certified transcript to the Board.
- F. An applicant who seeks licensure based upon an apprenticeship training program under above item B of these instructions shall submit with a completed application the following documentation from the applicant's preceptor:
 - 1. A certified copy of the preceptor's license;
 - 2. A certification from the preceptor's licensing board that the preceptor is in good standing;
 - 3. An affidavit that describes:
 - a. the preceptor's practice, including patient hours and type of practice;
 - b. The apprenticeship, including:
 - 1.) The starting and finishing dates;
 - 2.) The total number of contact hours;
 - 3.) The topics and skills covered during the training; and
 - 4.) The applicant's responsibilities.

APPLICANTS EDUCATED IN A FOREIGN COUNTRY

Applicants educated in a foreign country must demonstrate to the satisfaction of the Board one of the following:

- A. That the applicant has successfully completed an apprenticeship in acupuncture of at least three years. It is the applicant's responsibility to arrange for a sworn affidavit from the applicant's preceptor verifying the applicant's apprenticeship; or
- B. That the applicant has graduated from a foreign school of acupuncture legally organized or chartered in the country where the school is located. It is the applicant's responsibility to arrange for a certified transcript to be sent directly from the school to the Board.

In addition, foreign applicants must establish that the applicant has performed acupuncture by maintaining a practice of at least five hundred (500) patient visits per year for at least three (3) consecutive years immediately preceding the application. Applicants may document this experience by submitting patient records, billing records or other credible records.

An applicant under this section who does not speak English as a native language shall have received a passing score on an English competency test approved by the Board. (Educational Commission for Foreign Medical Graduates (ECFMG)).

If any document required for licensure is in a language other than English, it is the applicant's responsibility to provide the Board with a translation into English. Translation service must be acceptable to the Board. The translation must be signed by the translator attesting to its accuracy.

EXAMINATION

- A. To qualify for a license, an applicant shall pass either the examination administered by the National Commission for the Certification of Acupuncturists (NCCA) (the national examination) or a practical examination administered by the Board (the District examination).
- B. Applicants applying for a license by the national examination must have received a passing score on the NCCA,
- C. The passing score on the national examination shall be the passing score determined by the NCCA.
- D. The applicant shall submit with a completed application the national examination results certified by the NCCA.
- E. An applicant who fails the national examination six (6) times shall not be eligible for a license in the District of Columbia.

DISTRICT EXAMINATION

- A. Applicants applying for a license by the District examination shall receive a passing score 75%. The District examination shall cover the following areas:
 - 1. Acupuncture point location;
 - 2. Sterilization;
 - 3. Needling and other therapeutic techniques.
- B. An applicant who fails the District examination may take it two (2) additional times within a three (3) year period commencing from the date the applicant first took the District examination.
- C. An applicant who fails to pass the District examination within the three (3) year period commencing from the date the applicant first took the District examination shall, in order to be eligible for re-examination, complete one hundred (100) hours of additional clinical instruction in the practice of acupuncture in a program accredited by an entity listed in Section 4702.2 (a) Title 17, DCMR.
- D. An applicant who fails the District examination six (6) times shall not be eligible for a license in the District.

You may obtain study material on the Clean Needle Technique by contacting:

**National Commission for the
Certification of Acupuncturists (NCCA)
1424 16th Street, N.W., Suite 501
Washington, D.C. 20036
(202) 232-1404**

COMPLETING THE LICENSE APPLICATION

Section 1. TYPE OF LICENSE

a. Check the box next to the license description of which you are applying.

Section 2. APPLICANT NAME / DEMOGRAPHIC INFORMATION

Enter your legal name exactly as it should appear on the license. The Child Support and Welfare Reform Compliance Act of 2000, Act 13-559, requires that the Department of Health now collect and maintain social security numbers for all licensees. Your social security number will not be made available to the public, but if not provided, your application will be returned to you for completion. All applicants must be at least 18 years of age. If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents are marriage certificates, divorce decrees or court orders.

Section 3. SUPPORTING DOCUMENTS REQUIRED

Please indicate the supporting documents you have included with this package or requested to be sent to the Board of Medicine. Keep a photocopy of all supporting documents for your records.

Section 4. PREVIOUS NAME CHANGE

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Sections 5A & B. HOME ADDRESS / BUSINESS ADDRESS

Include both your home and business addresses in the sections provided. Even if you have a PO box, a street address should also be provided.

Section 5C. PREFERRED MAILING ADDRESS

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed.

Section 6A. PROFESSIONAL SCHOOLS ATTENDED

List all colleges and universities attended prior to and including medical/professional schools. List schools that you have attended in reverse chronological order, beginning with the most recent at the top. *All applicants:* Certified must be from the appropriate educational institution. Transcripts may be sent directly to the Board or submitted with your application in a sealed envelope from the institution. Note that if you transcript or any other document submitted in support of your application is in a language other than English, you must provide a certified translation. Foreign transcripts need not be in sealed envelopes.

Section 6B. MEDICAL/PROFESSIONAL TRAINING AND PRACTICE

List all experience since medical/professional school graduation. Include letters form employing facilities, internships, residencies, fellowships or employment. List experience in reverse chronological order, beginning with the most recent at the top. Note: If **other** description is selected, please attach a typed explanation to this form. If you were unemployed or self-employed for any period of two months or more please include a statement to that effect on a separate sheet of paper. All letters attached with this application should include beginning and ending dates.

Section 6C. MEDICAL LICENSES IN OTHER STATES / JURISDICTIONS

List all states and jurisdictions in which you have held a similar professional license. You request verification of licensure for all of these licenses, past and/or present. ever must

Section 7. SCREENING QUESTIONS

If you answer “yes” to questions B through J, then please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for

Section 8. LICENSEE AFFIDAVIT

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

ADDITIONAL APPLICATION FORMS

If you need additional copies of this application package you may visit HPLA’s website at <http://www.hpla.doh.dc.gov> or call HPLA’s Customer Service number at 1-888-204-6193. The forms that make up this package are:

- Acupuncture, New License Instructions
- Acupuncture, New License Application
- Chapter 47 Acupuncture, Municipal Regulations
- Character Reference Forms (3)
- Collaboration Agreement

SUMMARY OF LICENSURE REQUIREMENTS

The following chart shows the licensure submission requirements for all application methods. The law governing chiropractor licensure in the District of Columbia is *D. C. Law 6-99, the Health Occupations Revision Act of 1985*. The regulations governing acupuncture are included in *DC Municipal Regulations Title 17, Chapter 47*. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the DC Board of Medicine if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

License Type	Licensing Description	Signed Application for License	Two 2" x 2" Photos	National Exam Results (NCCA)	Official Certified Transcript	Character Reference Form	Collaboration Agreement Form (necessary to practice, but not for licensure)	Check or Money Order	Documentation of Apprenticeship (if applicable)	Verification of preceptor's license (if applicable)
AC	Acupuncture	X	X	X	X	X	X	\$230	X	X

X = Required

O = Not required

A certified transcript of the applicant's record verifying graduation submitted in a sealed envelope from the educational institution. The transcript may be sent directly from the school, but it is preferred that it accompany the application in a sealed envelope.

Three (3) Character References from licensed acupuncturists in a jurisdiction of the United States in good standing who have personal knowledge of the applicant's abilities and qualifications to practice acupuncture.

Check or money order MUST be made payable to DC Treasurer.



**DISTRICT OF COLUMBIA
DC BOARD OF MEDICINE
ADVISORY COMMITTEE ON ACUPUNCTURE
CHARACTER REFERENCE FORM**

APPLICANT'S NAME

APPLICANT'S ADDRESS

Dear Sir/Madam

The applicant whose name and address appear above has applied for a license to practice as an Acupuncturist in the District of Columbia and lists you as a reference for his/her moral character and professional experience.

Please complete and return this form to the address below. Your prompt attention to this request will greatly assist the Advisory Committee on Acupuncture when considering the applicant for licensure. The Advisory Committee will consider your reply as confidential information.

**Department of Health
Health Professional Licensing Administration
DC Board of Medicine/Advisory Committee on Acupuncture
899 North Capitol St., NE, First floor
Washington, DC 20002**

TO: District of Columbia Board of Medicine, Advisory Committee on Acupuncture

I hereby certify that since (date) _____, I have been closely associated with _____, residing in _____ as to be able to intelligently express an opinion as to his/her character, mental condition and habits, and tat to the best of my knowledge and belief, he/she is of good moral character and free from mental defects and drug habits that are liable to interfere with the proper practice of medicine/acupuncture.

REMARKS: _____

Name (Please Print or Type)

Signature and Title

Address

If additional space is necessary for comments, please use the reverse side of this form.



**DISTRICT OF COLUMBIA
DC BOARD OF MEDICINE
ADVISORY COMMITTEE ON ACUPUNCTURE
CHARACTER REFERENCE FORM**

APPLICANT'S NAME

APPLICANT'S ADDRESS

Dear Sir/Madam

The applicant whose name and address appear above has applied for a license to practice as an Acupuncturist in the District of Columbia and lists you as a reference for his/her moral character and professional experience.

Please complete and return this form to the address below. Your prompt attention to this request will greatly assist the Advisory Committee on Acupuncture when considering the applicant for licensure. The Advisory Committee will consider your reply as confidential information.

**Department of Health
Health Professional Licensing Administration
DC Board of Medicine/Advisory Committee on Acupuncture
899 North Capitol St., NE, First floor
Washington, DC 20002**

TO: District of Columbia Board of Medicine, Advisory Committee on Acupuncture

I hereby certify that since (date) _____, I have been closely associated with _____, residing in _____ as to be able to intelligently express an opinion as to his/her character, mental condition and habits, and that to the best of my knowledge and belief, he/she is of good moral character and free from mental defects and drug habits that are liable to interfere with the proper practice of medicine/acupuncture.

REMARKS: _____

Name (Please Print or Type)

Signature and Title

Address

If additional space is necessary for comments, please use the reverse side of this form.



**DISTRICT OF COLUMBIA
DC BOARD OF MEDICINE
ADVISORY COMMITTEE ON ACUPUNCTURE
CHARACTER REFERENCE FORM**

APPLICANT'S NAME

APPLICANT'S ADDRESS

Dear Sir/Madam

The applicant whose name and address appear above has applied for a license to practice as an Acupuncturist in the District of Columbia and lists you as a reference for his/her moral character and professional experience.

Please complete and return this form to the address below. Your prompt attention to this request will greatly assist the Advisory Committee on Acupuncture when considering the applicant for licensure. The Advisory Committee will consider your reply as confidential information.

**Department of Health
Health Professional Licensing Administration
DC Board of Medicine/Advisory Committee on Acupuncture
899 North Capitol St., NE, First floor
Washington, DC 20002**

TO: District of Columbia Board of Medicine, Advisory Committee on Acupuncture

I hereby certify that since (date) _____, I have been closely associated with _____, residing in _____ as to be able to intelligently express an opinion as to his/her character, mental condition and habits, and that to the best of my knowledge and belief, he/she is of good moral character and free from mental defects and drug habits that are liable to interfere with the proper practice of medicine/acupuncture.

REMARKS: _____

Name (Please Print or Type)

Signature and Title

Address

If additional space is necessary for comments, please use the reverse side of this form.