

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
BOARD OF ACUPUNCTURE LICENSING

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DAVID GROSSO
Executive Director

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LICENSE RENEWAL APPLICATION

Instructions: All applicants for licensure renewal are required to fill out this application. Please type or print clearly in black ink and complete all of the questions. Make a copy of your completed application for your own records. Return the application to the address above along with all other required materials and a check or money order for **\$110.00** payable to "Treasurer, State of New Hampshire." **The application must be submitted no later than 30 days prior to the date of license expiration.**

**You are required by law to provide current updated business address to the NH Board of Acupuncture Licensing.*

License #: _____ **Expiration:** _____

Last Name _____ First Name _____ MI _____

Home Mailing Address _____

Home Phone _____ Email _____

Business Name _____ Phone _____

Business Physical Address _____

Name and addresses of all other places you practice acupuncture:

PLEASE PROVIDE YOUR SOCIAL SECURITY NUMBER _____

New Hampshire Board of Acupuncture Licensing is now mandated by the US Federal Government to record the Social Security Number of all licensed acupuncturists in the state of New Hampshire. You may not list your business tax ID number or EIN. You may not list your NPI number. The federal government requires a personal SSN. If you have no Social Security Number (SSN) because you are not a US citizen, you must give your US government federal Tax Identification Number (TIN) and indicate that you are giving this TIN instead of SSN and why.

PLEASE ANSWER THE FOLLOWING QUESTIONS Check “yes” or “no” to questions A through H below regarding the previous 2 year period. Any “yes” response must be fully explained by written statement on separate sheets of paper as needed, signed, and dated, and enclosed with your application for renewal. Make sure that you describe the circumstances and your role completely, and include place, dates involved, a detailed description of the issue, and how it was or is being resolved. Attach additional sheets as necessary to describe other incidents or to provide further information. A “yes” answer does not automatically constitute grounds for denying a license renewal, but it is essential that the circumstances be explained truthfully and in detail.

- A. Has any malpractice claim been made against you regardless of whether a lawsuit was filed in relation to the claim? YES NO
- B. Have you been denied an acupuncture license/certificate/registration anywhere for any reason? YES NO
- C. Have you had employment or appointment in a hospital, clinic or other health care facility suspended, or resigned from a health care facility in lieu of being subject to a disciplinary action? YES NO
- D. Are any formal disciplinary charges pending or has any disciplinary action been taken against you by any acupuncture or medical board, any health care facility, or any professional acupuncture association, whether international, national, state or local? YES NO
- E. Have you voluntarily surrendered a license to practice acupuncture or other healing art in lieu of facing disciplinary action? YES NO
- F. Have you been convicted of a crime involving violence, abuse, fraud, dishonesty, or drugs? YES NO
- G. Have you had a professional license in a field other than acupuncture that has been revoked, suspended or otherwise terminated on disciplinary grounds, or are there any disciplinary actions currently pending against you in relation to any professional license you hold or have held? YES NO
- H. Have you had an emotional disturbance or mental illness, an organic illness, or an addictive disorder, which impaired your ability to practice acupuncture or to function as an acupuncture student? (If so, describe treatment and outcome of treatment.) YES NO

CONTINUING EDUCATION REQUIREMENTS:

CEU = continuing education units for classes. PDA = professional development activity

You must include copies of the CEU certificates or documentation to verify PDAs.

List below courses or professional activities, equivalent to thirty (30) continuing education units, which you have completed for the previous renewal cycle. Attach additional pages if necessary.

If you earn up to 30 points in the past 2 years, those will be used first to renew now.

If you earned more than 30 in the past 2 years, the excess will be allowed to carry over to use when you renew the next time.

30 is the maximum allowed hours to carryover.

Courses with approved Continuing Education Units

Be sure to list sponsoring institution such as NESAs or NHAAMAs, or the state board or NCCAOM approving the course for CEUs. All courses must be pre-approved by this board or by another organization that we automatically accept. Those are NCCAOM, other state licensing boards, national or state professional associations such as AAAOM or NHAAMA, or a course offered by an accredited school such as NESAs. Courses in Business, management, insurance billing and practice building shall be ineligible for CEUs.

NCCAOM CERTIFICATION:

I affirm that I am currently NCCAOM certified. Signature: _____

You may include a photocopy of your NCCAOM card, or we will randomly audit by calling NCCAOM.

Do you hold active NCCAOM status? _____ YES _____ NO

If yes, please give expiration date: _____ ← ***(If not entered you will not be renewed.)***

Do you hold inactive NCCAOM status? _____ YES _____ NO

If yes, please give your regular expiration date, dates of inactive status and explanation:

STATEMENT OF APPLICANT

I understand that I am required to use sterile, disposable, one-use needles.

I understand that I am required to use Clean Needle Technique.

I have complied with the continuing education requirements of NH acupuncture licensure renewal and have attached appropriate proof of such.

I hereby certify that all statements made in this application and all information and documentation submitted in connection with this application are, to the best of my knowledge, true, accurate, complete, and unaltered. I understand that misstatements and omissions of material facts may be cause for denial of this application, or for suspension or revocation of a license, or other appropriate disciplinary action.

Signature: _____ Date: _____

NH Acupuncture License Number: ACP _____