



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
**7 Eagle Square, Concord, NH 03301-4980**  
**Phone: 603-271-2152**

**REQUEST FOR WAIVER OF THE STANDARD ACUPUNCTURE EDUCATION REQUIREMENT**

Please fill out all applicable pages of the following form completely. Type or print legibly in black ink.

1. Legal Name \_\_\_\_\_  
Last First Middle

2. Name as it is written in Chinese, Korean or other Foreign Language (this is required of applicants who submit documents with their names written in a foreign language)

\_\_\_\_\_ Last First Middle

3. Other names you have been known by or are known by (this is required of applicants who submit documents with other than their legal name). Please state the reason for any name change.

Reason for change \_\_\_\_\_  
Last First Middle

4. Date of Birth \_\_\_\_\_ 5. Social Security Number \_\_\_\_\_  
Month Day Year

6. Address \_\_\_\_\_  
Street, PO Box, Apt # City/Town State Zip Code

Mailing

7. Address \_\_\_\_\_  
Street, PO Box, Apt # City/Town State Zip Code

Business

8. Address \_\_\_\_\_  
Street, PO Box, Apt # City/Town State Zip Code

*(if you do not yet have a business address, you must later inform the board within 30 days after starting at a business address)*

Other Bus.

Addresses \_\_\_\_\_  
Street, PO Box, Apt # City/Town State Zip Code

9. Telephone Numbers Home \_\_\_\_\_ Business \_\_\_\_\_

10. List below the acupuncture school(s) or apprenticeships you attended. (Attach additional sheets as necessary).

Name of school or apprenticeship preceptor \_\_\_\_\_

Complete mailing address \_\_\_\_\_

Dates attended (from/to) \_\_\_\_\_ Date of graduation \_\_\_\_\_

Degree, certificate, diploma, etc. awarded \_\_\_\_\_

Name of school or apprenticeship preceptor \_\_\_\_\_

Complete mailing address \_\_\_\_\_

Dates attended (from/to) \_\_\_\_\_ Date of graduation \_\_\_\_\_

Degree, certificate, diploma, etc. awarded \_\_\_\_\_



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
**7 Eagle Square, Concord, NH 03301-2412**  
**Phone: 603-271-2152**

11. (A) List other states and countries in which you are currently licensed, or otherwise allowed to practice acupuncture. **NOTE:** As part of the main application, you are already required to send an “Out of State Verification of Acupuncture Licensure” form (enclosed) to each state in which you are currently licensed. Each state must return the form directly to the NH Board of Acupuncture Licensing.

State or Country	License No.	Issue Date	Expiration Date
------------------	-------------	------------	-----------------

(B) List all states in which you have been licensed to practice acupuncture in the past.

State or Country	License No.	Issue Date	Expiration Date
------------------	-------------	------------	-----------------

13. **ATTENTION APPLICANT:** The Board of Acupuncture Licensing will grant a waiver of the standard acupuncture requirement **ONLY IF** an applicant meets the requirements of A, B AND C below.

**A. CURRENT LICENSURE**

Check here if licensure in your state is called by another term such as registration or certification\_\_\_\_\_.  
 Please sign the following statement:

I, \_\_\_\_\_, have a current, valid, active acupuncture license in good standing from the state of \_\_\_\_\_ whose requirements for licensure are substantively equal to or exceed the requirements of NH RSA 328-G. I have held that license for \_\_\_\_\_ years.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** The above information must be verified directly from the state involved on an “Out of State Verification of Acupuncture Licensure” form, *which is part of the main application anyhow*. The board will determine if the licensure requirements of that state are substantively equal to NH RSA 329-G.

**B. ANATOMY AND PHYSIOLOGY REQUIREMENT**

List below accredited college or university where you completed at least a 6-credit anatomy and physiology course.

Name of School \_\_\_\_\_

Address \_\_\_\_\_

Dates Attended \_\_\_\_\_

**NOTE:** This section must be supported by an official transcript sent directly from the school to the NH Board of Acupuncture Licensing.

**C. ACUPUNCTURE EDUCATION:** You must choose one of the following routes of eligibility (1 or 2):



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
**7 Eagle Square, Concord, NH 03301-2412**  
**Phone: 603-271-2152**

1. \_\_\_\_ My acupuncture education has consisted of training through an apprenticeship program. (If you check this section, go directly to the part of this form called Apprenticeship Route).

**OR**

2. \_\_\_\_ My acupuncture education has consisted of formal education in an acupuncture school that was NOT ACAOM accredited at the time of my graduation AND years of practicing, teaching, supervising and/or writing published material about acupuncture. (If you check this section, go directly to the part of this form called Formal Schooling and Professional Experience Route).





**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
**7 Eagle Square, Concord, NH 03301-2412**  
**Phone: 603-271-2152**

**2. FORMAL SCHOOLING AND PROFESSIONAL EXPERIENCE ROUTE**

In order to qualify for a waiver based on the Formal Schooling and Professional Experience Route, the following conditions, as stated in the Administrative Rules of the New Hampshire Board of Acupuncture Licensing, Acp 302.05 (b) (2) must be met:

If the applicant has received acupuncture education at a school or college that is not ACAOM approved or in candidacy at the time of the applicant's graduation, a waiver shall be granted by the board if the applicant accrues 60 points based on the following point schedule:

a. An applicant shall accrue 10 points for each completed school year, up to a total maximum of 30 points, spent in a formal acupuncture program provided that:

1. The applicant has graduated from that program; and
2. The graduation from that program is verified by a transcript directly from that program or school;

b. An applicant shall accrue 10 points for each year of acupuncture practice, up to a total maximum of 50 points, provided that:

1. The applicant had a minimum of 500 patient visits per year;
2. The applicant's practice in that year was at least 70% general health care; and
3. The applicant supplies the board with the following documentation:
  - (i) Dates and location of practice; and
  - (ii) At least 2 of the following:
    - i. Original letters from employers specifying dates and hours worked, and number of visits;
    - ii. Written statements from a minimum of 20 patients, with current phone numbers and addresses for each, specifying the time period of treatment;
    - iii. Written statements from at least 2 other health care professional, state or local acupuncture or oriental medicine professional associations, schools or colleges with convincing testimony based on personal knowledge regarding the dates, volume, and scope of practice; or
    - iv. Written statements from at least 2 other respected members within the community with convincing testimony based on personal knowledge regarding the dates, volume, and scope of practice; or

c. An applicant may accumulate additional points, up to a total maximum of 20 points, in the following categories:

1. An applicant shall accrue 2 points per semester for primary teaching responsibility of an acupuncture course provided that;



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
**7 Eagle Square, Concord, NH 03301-2412**  
**Phone: 603-271-2152**

- (i) The course is taught at a board approved school or college as set forth in Acp 303.01; and
  - (ii) The primary teaching responsibility is verified directly from the school;
2. An applicant shall accrue 2 points per semester for primary supervising responsibility of a clinic course or rotation provided that:



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
7 Eagle Square, Concord, NH 03301-2412  
Phone: 603-271-2152

- (i) The clinic course or rotation is taught at a board approved acupuncture school or college; and
  - (ii) The primary supervising responsibility is verified directly from the school; and/or
3. An applicant may accrue 2 points per published article about acupuncture or oriental medicine provided:
- (i) The article is published in a nationally or internationally recognized professional journal or publication; and
  - (ii) It is documented by a copy of the article.

**Compute below the 60 or more points you have accumulated from the above list.**

a. # of school years in acupuncture program from which you graduated = \_\_\_\_\_ x 10 = \_\_\_\_\_

**Total points or maximum 30 points allowed in this category = \_\_\_\_\_**

b. # of years of acupuncture practice properly documented = \_\_\_\_\_ x 10 = \_\_\_\_\_

**Total points or maximum 50 points allowed in this category = \_\_\_\_\_**

c. # of semesters qualified > > > teaching = \_\_\_\_\_ x 2 = \_\_\_\_\_  
> > > supervising = \_\_\_\_\_ x 2 = \_\_\_\_\_  
# of professional articles published = \_\_\_\_\_ x 2 = \_\_\_\_\_

**Total points or maximum 20 points allowed in this category = \_\_\_\_\_**

**GRAND TOTAL of points from a. \_\_\_\_\_ + b. \_\_\_\_\_ + c. \_\_\_\_\_ = \_\_\_\_\_ (60 points needed)**



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
**7 Eagle Square, Concord, NH 03301-2412**  
**Phone: 603-271-2152**

NOTE: You must submit with your application all the appropriate verification of the claims you have made in this waiver application, or have documentation sent directly from the school or person as stated on this waiver application, as well as the requirements of the main application.

20. Statement of applicant

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