

(A) **Photograph.** Applicant must attach a photograph taken within the last sixty (60) days of the date of application. This should be a wallet-size, passport-type photograph attached to the application. Informal snapshots or colored paper photos will not be accepted. All applications not meeting the photo requirement will be returned.

(B) **Personal Information and Practice Location.** All applicable sections must be completed in their entirety.

(C) **Other State Acupuncture Licenses.** Applicant must list all states where licensed to practice medicine. Include temporary, limited, restricted, revoked, active and inactive licenses.

(D) **Licensure Requirements, Education, Certifications and References.** If applicant was born outside the United States, notarized copy of naturalization certificate or certificate of citizenship must be submitted. Applicant must list acupuncture education and give dates and complete addresses of institutions. Applicant must list two acupuncturists (other than family members) licensed in the United States or Canada with whom applicant has worked or trained. Use complete addresses. All incomplete applications will be returned.

(E) **Activities and Work Experience Following Acupuncture Education.** Applicant must account for all time since graduation from acupuncture school. All activities following acupuncture school and internship must be accounted for. The intentional failure to disclose any time period shall constitute falsification which is grounds for denial of the application.

(F) **Attestation Questions and Fitness to Practice.** All questions on page 4 of the application must be completed by the applicant. If there is an affirmative answer for questions 1-16, a detailed explanation must be attached. Any evaluations, reports, orders, arrest records, etc. must be submitted directly from the issuing entity.

(G) **Malpractice Insurance.** Applicant must list names and addresses of past and present insurance carriers from whom medical malpractice liability insurance has been obtained.

(H) **Affidavit and Release.** Applicant shall read carefully the oath of the truthfulness of information supplied in this application and the releases which give consent to release information to and from the Board. Applicant shall execute the application and have notarized (see enclosed Notary Guide).

(I) **Birth Certificate.** Applicant shall submit a certified copy or notarized (see Notary Guide) copy of original birth certificate or current passport. In the event the name of the applicant differs from the name reflected on the applicant's birth certificate or other certification, the applicant shall submit evidence satisfactory to the Board that establishes the true identity of the applicant (certified copy of legal name change, marriage certificate, divorce decree, etc.)

(J) **CPR Certification.** Applicant shall submit a copy of current cardiopulmonary resuscitation (CPR) certification.

(K) **Acupuncture School Diploma.** Applicant shall submit a copy of original acupuncture school diploma.

(K) **Driver's License.** Applicant shall submit a copy of current driver's license.

(L) Any document required to be submitted to the Board by an applicant which is not in the English language must be accompanied by a certified translation thereof into English.

(M) If applicant is a graduate of an international educational program, applicant shall submit a notarized (see Notary Guide) copy of Board approved English proficiency exam scores.

Duplicate as many copies of each appendix as you need.

(N) **Appendix A.** Applicant must sign and have notarized the "Authorization to Release Information" form. A copy of this form

must be included with each verification of activities and verification of malpractice insurance form that is sent to request verification. The **original** "Authorization to Release Information" form must be returned to the Mississippi State Board of Medical Licensure.

(O) **Appendix B.** Applicant must complete top portion and forward one to each state in which applicant holds or has held a license to practice medicine. Include temporary, limited, restricted, revoked, active and inactive licenses. This form will be accepted only if sent directly from the state board to the Mississippi Board. Do not have the state board send this form back to you.

(P) **Appendix C.** Applicant shall send this form to each insurance company where applicant has or has had malpractice insurance. Applicant shall submit proof where he or she has obtained a minimum of \$1 million dollars in coverage. This form will be accepted only if sent directly from the insurance company to the Mississippi Board. Do not have the insurance company send this form back to you.

(Q) **Appendix D.** Applicant must account for all time since graduation from medical school. All activities following medical school and training must be accounted for. Each activity must be verified by the institution. Applicant shall send this form to the institution where activities were performed. This form will be accepted only if sent directly from the institution to the Board. Do not have the institution send this form back to you.

(R) **NCCAOM Scores and Diplomat Status.** Applicant must request verification of exam results and/or certification status from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) at www.nccaom.org.

(S) **CNT Certificate.** Applicant must request verification of clean needle technique certification from the Council of Colleges of Acupuncutre and Oriental Medicine at www.ccaom.org.

(T) **Military Records.** If applicant has ever served in any branch of the military, applicant must request a DD Form 214 or its equivalent at <http://www.archives.gov/veterans/military-service-records/get-service-records.html>.

(U) **Licensure Fees.** Applicant must submit check or money order made payable to the MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE in the amount of \$400.00. **\$250 of the licensure fee is a non-refundable filing fee.**

NO FOREIGN CHECKS OR MONEY ORDERS WILL BE ACCEPTED.

A \$50.00 FEE WILL BE CHARGED FOR ALL RETURNED CHECKS.

NOTE* INFORMATION PERTAINING TO APPLICATION AND REINSTATEMENT OF ACUPUNCTURE LICENSE IS GIVEN TO THE APPLICANT ONLY. PLEASE DO NOT ALLOW OTHERS TO CONTACT THIS AGENCY ON YOUR BEHALF. POWER OF ATTORNEY WILL NOT BE ACCEPTED.**

MEMORANDUMS CONTAINING DOCUMENTS MISSING FROM APPLICANT'S FILE WILL BE MAILED OUT WEEKLY.