

Mississippi State Board of Medical Licensure

1867 Crane Ridge Drive, Suite 200-B

Jackson, Mississippi 39216

(601) 987-3079

APPLICATION FOR LICENSE TO PRACTICE ACUPUNCTURE

Fees

Application Fee : \$400.00
\$250.00 (non-refundable filing fee)

Submit check or money order in the amount of \$400 made payable to:

Mississippi State Board of Medical Licensure (MSBML)

PHOTOGRAPH

(Wallet-size, passport-type.)

**TAKEN WITHIN
SIXTY (60) DAYS**

Attach with tape.
Do not paste.

Personal Information

Last Name		First Name		Middle Name	
Maiden Names (if any)					
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security Number		Date of Birth	Age
Home Phone		Cell Phone		Office Phone	
Home Street Address					
City		State		Zip	
Mailing Address					
City		State		Zip	

Practice Location

Practice Address (if known) <i>THIS ADDRESS WILL BE PUBLISHED</i>					
City		State		Zip	
Email Address			Website		
Office Phone			Office Fax		

Other State Acupuncture Licenses

State _____	License No. _____	Expiration _____	State _____	License No. _____	Expiration _____
State _____	License No. _____	Expiration _____	State _____	License No. _____	Expiration _____
State _____	License No. _____	Expiration _____	State _____	License No. _____	Expiration _____

Licensure Requirements, Education, Certifications and References

Citizenship
 Are you a citizen or permanent resident of the United States? Yes No

Acupuncture Education (if more than one school, please attach a separate sheet)
 School Name _____
 City _____ State _____ Country _____
 Is the school ACAOM or NCCAOM certified? Yes No
 Was an internship completed? Yes No
 Graduation Date _____ Masters Degree Certificate Other Diploma _____

Clean Needle Technique and CPR
 Did you pass Clean Needle Technique? Yes No Date Completed _____
 Do you have current CPR Certification? Yes No Expiration Date _____

NCCAOM Examinations NCCAOM Certification Number _____
 Acupuncture Passed Yes No Date _____
 Herbology Passed Yes No Date _____
 Oriental Medicine Passed Yes No Date _____
 Point Location Passed Yes No Date _____

***Applicant must have passed the NCCAOM and be within 3 months of graduation. License will not be issued until all documents are received.**

Ethics
 Have you read and do you understand the NCCAOM Code of Ethics (www.nccaom.org)? Yes No

Professional Medical References (List two acupuncturists licensed in the United States with whom you have worked or trained.)
 Name _____ Title _____
 Address _____ Phone _____
 City _____ State _____ Zip _____
 Name _____ Title _____
 Address _____ Phone _____
 City _____ State _____ Zip _____

Activities And Work Experience Following Acupuncture Education

List all practice experience in chronological order since completion of your formal training giving dates, institutions, schools and clinics, with complete addresses. Any time following acupuncture education must be accounted for. Explain any lapse in time below (use separate sheet if necessary).

Dates (From/To) ____/____	Name of Business _____	Address _____ City _____ State, Zip _____
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Dates (From/To) ____/____	Name of Business _____	Address _____ City _____ State, Zip _____
Dates (From/To) ____/____	Name of Business _____	Address _____ City _____ State, Zip _____
Dates (From/To) ____/____	Name of Business _____	Address _____ City _____ State, Zip _____
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Dates (From/To) ____/____	Name of Business _____	Address _____ City _____ State, Zip _____
Dates (From/To) ____/____	Name of Business _____	Address _____ City _____ State, Zip _____
Dates (From/To) ____/____	Name of Business _____	Address _____ City _____ State, Zip _____

Explanations:

Attestation Questions and Fitness to Practice

1. Have you ever been convicted of a felony? Yes No
2. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of acupuncture? Yes No
3. Have you ever been convicted of any violation of a state or federal law relating to controlled substances? Yes No
4. Are any charges against you for violation of state or federal drug laws currently pending in any court? Yes No
5. Has your certificate of qualification or license to practice acupuncture in any state been suspended, revoked, restricted, conditioned, curtailed or voluntarily surrendered under threat of suspension or revocation? Yes No
6. Have you ever been denied a certificate or license to practice acupuncture in any state or has your application for a certificate or license to practice acupuncture been withdrawn under threat of denial? Yes No
7. Are you now, or have you ever used any controlled substances or other drugs having addiction-forming or addiction-sustaining liability to the extent it affects your ability to practice acupuncture with reasonable skill and safety to patients? Yes No
8. Are you now, or have you ever consumed alcohol or other intoxicating liquors to the extent it affects your ability to practice acupuncture with reasonable skill and safety to patients? Yes No
9. If your answer to any one of the three preceding questions is "yes", are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in illegal use of controlled substances or other drugs having addiction-forming or addiction-sustaining liability? Yes No
10. During any training were you ever on probation, restrictions, suspension, revocation, modification, or otherwise acted against (explain "otherwise" actions)? Yes No
11. Have you ever been diagnosed as having, or have you ever been treated for, pedophilia, exhibitionism or voyeurism, bipolar disorder, sexual disorder, schizophrenia, paranoia or other psychiatric disorder? Yes No
12. Have you ever had a judgment rendered against you, a judgement pending against you or action settled relating to the performance of your professional service? Yes No
13. Have you ever been denied malpractice liability insurance? Yes No
14. To your knowledge, have you ever been or are you now, the subject of an investigation or disciplinary proceeding by any licensing Board/Agency as of the date of this application? Yes No
15. Have you ever been arrested, other than minor traffic citations? Yes No
16. Have you ever been denied a Mississippi acupuncture license? Yes No

If any of the answers on the previous page are in the affirmative, please explain in detail below or on an attached sheet and provide the complete address of any psychiatrist/psychologist, state board, hospital, etc.

Malpractice Insurance

Current Malpractice Insurance Company (Attach a separate sheet if necessary.)

Company Name _____

City _____ State _____

Is current coverage at least \$1 million? Yes No

Have you had any claims filed against you? Yes No

If yes, indicate whether dismissed, pending, settled, etc. _____

Give brief description of claim: _____

Previous Malpractice Insurance Company (Attach a separate sheet if necessary.)

Company Name _____

City _____ State _____

Were any claims filed against you? Yes No

If yes, indicate whether dismissed, pending, settled, etc. _____

Give brief description of claim: _____

Previous Malpractice Insurance Company (Attach a separate sheet if necessary.)

Company Name _____

City _____ State _____

Were any claims filed against you? Yes No

If yes, indicate whether dismissed, pending, settled, etc. _____

Give brief description of claim: _____

Affidavit and Release

I, _____, certify after being duly sworn, that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph submitted herein is a true likeness of myself and was taken within sixty (60) days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the revocation of any license to practice acupuncture granted to me and criminal prosecution to the fullest extent of the law.

I further authorize the release of this application and any information submitted with it or information collected by the Mississippi State Board of Medical Licensure in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information and release the Mississippi State Board of Medical Licensure from all liability for the release of this information.

I further authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Mississippi State Board of Medical Licensure and release this person or organization from any liability for the release of information.

Date _____
Applicant's Signature _____

County of _____

State of _____

SWORN to and subscribed before me this _____ day of _____, in the year
of _____.

(SEAL) _____
Notary Public

My Commission Expires: _____

FOR USE OF MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE ONLY

INVESTIGATOR INTERVIEWER: _____

DATE: _____

PERMANENT LICENSE NUMBER: _____

ISSUED ON: _____

WALL CERTIFICATE MAILED: _____