

## 2009 Certification Reinstatement Application

Please complete and return this certification reinstatement application along with payment of the reinstatement fee; a completed recertification application, recertification fee; and all the required documentation for your Category of reinstatement (1 or 2).

<i>Please print or type</i> Name:		
Address:		
City:	State:	Zip:
Phone Number:	Birth Date:	
Email Address:		

### Select Category 1 or 2:

<input type="checkbox"/> <b>Category 1:</b> I am <b>currently licensed</b> and have <b>been continuously licensed</b> for the period between my certification expiration date and the present.	<input type="checkbox"/> <b>Category 2:</b> I am <b>currently licensed</b> ; however I have <b>not been continuously licensed</b> for the period between my certification expiration date and the present.
<p>I am applying to return to Active Diplomate status and am including all of the following requirements:</p> <input type="checkbox"/> <b>Reinstatement Application with \$100.00 fee</b>	<p>I am applying to return to Active Diplomate status and am including all of the following requirements:</p> <input type="checkbox"/> <b>Reinstatement Application with \$100.00 fee</b>
<input type="checkbox"/> <b>Recertification Application:</b> <input type="checkbox"/> \$220.00 fee <input type="checkbox"/> 60 Professional Development Activity (PDA) points (please see page 4-5 of the Recertification Handbook)	<input type="checkbox"/> <b>Recertification Application:</b> <input type="checkbox"/> \$220.00 fee <input type="checkbox"/> 60 Professional Development Activity (PDA) points (please see page 4-5 of the Recertification Handbook)
<input type="checkbox"/> <b>Proof of continuous state licensure</b> for the period between my certification expiration date and the present.	<input type="checkbox"/> <b>Copy of current state license</b>
<input type="checkbox"/> <b>Documentation of 45 hours</b> of continuing education or coursework in <b>Biomedicine</b> within six years from the date of the Reinstatement Application	<input type="checkbox"/> <b>Passage of the NCCAOM Online Practice Tests</b> for my certification category listed below available at <a href="http://www.nccaom.org">www.nccaom.org</a> under "Site Map" under "Online Practice Tests"
<b>OR</b>	<input type="checkbox"/> <b>For Certification in Acupuncture:</b> <input type="checkbox"/> Comprehensive Acupuncture Practice Test
<input type="checkbox"/> Passage of the <b>NCCAOM Biomedicine examination</b> (fee of \$200.00 payable to Pearson VUE at test registration)	<input type="checkbox"/> <b>For Certification in Chinese Herbology:</b> <input type="checkbox"/> Chinese Herbology Practice Test
	<b>AND</b>



	<input type="checkbox"/> Foundations of Oriental Medicine Practice Test  <input type="checkbox"/> <b>Documentation of 45 hours</b> of continuing education or coursework in <b>Biomedicine</b> within six years from the date of the Reinstatement Application  <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> Passage of the <b>NCCAOM Biomedicine examination</b> (fee of \$200.00 payable to Pearson VUE at test registration)
--	--

Please provide a short explanation/reason why you want to take advantage of the opportunity to return to active Diplomate status.

I request to return to active status because \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Payment Information:</b> <b>Certification Reinstatement Fee &amp; Recertification Fee Combined: \$320.00</b>		
<input type="checkbox"/> Check or Money Order <small>* Make check/money order payable to NCCAOM</small>	<input type="checkbox"/> Master Card	<input type="checkbox"/> Visa
Credit Card Number:	Expiration Date:	
Name on Card:		
Signature of Card Holder:		
Billing Address:		
City:	State:	Zip:

Please submit the following documents to Irene Basore, NCCAOM, 76 South Laura Street, Suite 1290, Jacksonville, FL, 32202: Payment; Certification Reinstatement and Recertification Applications; and all required documentation listed above.

This offer expires on November 30, 2009. Completed applications for reinstatement MUST be postmarked by November 30, 2009 in order to be processed. All applications postmarked after November 30, 2009 will not be accepted. If you have questions please contact J. Nemeth at 904-674-2474 or jnemeth@nccaom.org.

**\* All application fees are non-refundable, no exceptions.**