

**Application Form for CERTIFICATION in
(Check all that apply)**

- Acupuncture
- Chinese Herbology
- Asian Bodywork Therapy
- Oriental Medicine

Instructions on section D



Detach this Application from the Handbook. Faxed applications will not be accepted. Please allow up to 8 weeks for processing.

Office Use Only:

Date Received: _____

Control A: _____

Control B: _____

Control C: _____

Control D: _____

A. Personal Information

Name Last (Family)	First	Middle
<input type="checkbox"/> Check here if there has been a name change. You must provide copies of legal document indicating of this change.		
Email (Required) _____ @ _____		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (MM/DD/YY) _____/_____/_____

B. Primary Contact Information (All NCCAOM correspondences will be sent to this address.)

Name of Business if Applicable		
Street Address		Unit/Suite
City	State	Zip
Country	Phone	Alternate Phone

C. Alternative Contact Information (Information below will be published on NCCAOM's Website under "Find a Certified Practitioner" once you are CERTIFIED. If you would like to not to be published, please leave it blank.)

Name of Business if Applicable		
Email		
Street Address		Unit/Suite
City	State	Zip
Country	Phone	Alternate Phone

D. Special Requests and Accommodations

<p>Americans with Disabilities Act</p> <p>Do you have a documented and professionally diagnosed disability requiring special accommodations at the test site? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you answer "yes" please attach documentation from your physician or healthcare provider to this form.</i></p>
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E. Identification

<p>You must bring two forms of identification (ID) to the test site. One form must be a current government- issued photo ID (e.g., driver's license, passport, military ID card, or state issued personal ID card). The other form of ID must bear your signature (e.g., Social Security card, credit card, student/employment/membership ID). The required photo ID may be verified against the photo submitted on your application. In addition, the name on the ID presented at the test site must match exactly the name on the application submitted for certification. You will not be admitted to the examination without proper identification.</p>	<p>Staple a Recent Passport-Sized Photo Here</p>
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F. Professional Ethics and Fitness to Practice

Legal Status: You must furnish additional information with this application if you answer “yes” to any of the following questions. This documentation must include your explanation of the charges or claims made against you, all legal documents related to the charges or claims and an account of how the charges or claims were resolved. If a case is still pending, please indicate that fact in your response. All information provided will be reviewed in accordance with NCCAOM policies. If the terms “felony” or “misdemeanor” are not used in your country, please seek advice on the equivalent terms and definitions used in your country and answer the questions appropriately.

1. Have you been a defendant in litigation related to the practice of a health-related profession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Has a judgment ever been entered against you or have you been a party to a settlement in any legal proceeding related to the practice of a healthcare profession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been convicted of any type of felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever been convicted of any type of misdemeanor related to the practice of a health-related profession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever been convicted of any other crime or are you on probation or parole?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever had any disciplinary or administrative actions taken against you by any licensing board or health-related professional association or school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you ever been denied or voluntarily surrendered a license to practice in any health-related profession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NCCAOM Ethics Policy (The current NCCAOM Code of Ethics and Grounds for Discipline can be found under our website - www.nccaom.org under Site Map)

8. Have you read and understood the Code of Ethics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you read and understood the Grounds for Professional Discipline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Health Status (Previous four years)

If you answer “Yes” to any of the following questions, you must furnish with your application information about any impairment from a healthcare professional who has treated you. This documentation must include a personal statement of the history and current status of any physical or psychological impairment or impairment due to substance abuse and an attestation that you are no longer impaired (or that you are currently under treatment for the impairment) and that the impairment, or treatment does not interfere with your ability to practice.

10. Has your physical or psychological health status interfered with your ability to practice a health-related profession or otherwise interrupted your professional or academic activities for more than three months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have you ever been, or are you currently impaired because of substance abuse, including alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

You are required to notify the NCCAOM within thirty days of any changes to the information you have reported in the section on Professional Ethics and Fitness to Practice. Failure to report a violation(s) of the NCCAOM Code of Ethics and Grounds for Professional Discipline could result in disciplinary action or a denial of application.

G. Occupational/Professional Licenses (List state/county of issue, license no., and expiration date)

Acupuncture	Massage Therapy (LMT)
Chiropractic	Naturopathy
Nursing	Physical Therapy
Medicine (MD/DO)	Other

H. Route of Eligibility (Check all that apply)

Formal Education Route	
<input type="checkbox"/> Pre-Graduation	<input type="checkbox"/> Pre-Graduation
<input type="checkbox"/> Graduate	<input type="checkbox"/> Graduate
<input type="checkbox"/> Apprenticeship Route/Combination Route	<input type="checkbox"/> Apprenticeship Route/Combination Route
<input type="checkbox"/> State License Holder	<input type="checkbox"/> State License Holder

I. Formal Education

School Name & Address	Date Enrolled
School Code (Listed under Site Map - www.nccaom.org)	Date of Graduation

J. Clean Needle Technique (Acupuncture and Oriental Medicine Applicants only)

Date Completed: _____ / _____ MM YY	<input type="checkbox"/> Not Yet Completed
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K. Fees (Application Fees are NOT Refundable)

<input type="checkbox"/> \$425 - Application Fee for Acupuncture Certification	<input type="checkbox"/> \$400 - Application for Asian Bodywork Therapy Certification
<input type="checkbox"/> \$425 - Application Fee for Chinese Herbology Certification	<input type="checkbox"/> \$550 - Application Fee for Oriental Medicine Certification**

** Oriental Medicine certification is a combination of Acupuncture and Chinese Herbology certifications. NCCAOM assumes no liability for information not received. It is best to use a traceable method of delivery to send your materials. Candidates pay applicable fee(s) for each examination when registering for the examination.

L. Payment (All Funds are due in U.S. Dollars)

Total Enclosed: \$			
Payment Type (Check One)	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Check/Money Order
Expiration Date:	Credit Card Number:		
Name on the Card:			
Signature of the Cardholder: _____			
Credit Card Billing Address:			

M. Statement of Acknowledgement (Your signature must be notarized)

I hereby certify that the information I provided on this application and in any supporting documents is accurate, true, and correct to the best of my knowledge and belief. I acknowledge and agree to abide by and with the policies, procedures, and Code of Ethics promulgated and/or modified from time to time by NCCAOM, including all policies regarding examination irregularities, cheating, and cancellation of scores. I agree to inform and release to NCCAOM and its designated agents all pertinent information about my qualifications or about other matters that may arise in connection with my application and/or my subsequent certification or recertification by NCCAOM. I acknowledge and agree that I am prohibited from transmitting information about NCCAOM examination questions or content in any form to any person or entity and that my failure to comply with this prohibition, or my failure to report any information about suspected violations of such prohibitions or otherwise about any possible examination irregularities by myself or others, may result in my scores being cancelled or my certification being revoked in accordance with NCCAOM policies and procedures and/or legal action, up to and including criminal prosecution. I acknowledge that application fees are non-refundable.

Applicant Signature: _____	Date: _____
This instrument was acknowledged before me by the applicant.	
Notary Public Signature: _____	

<p>Send this application, supporting documents, applicable fees, and the Acknowledgement Form to:</p> <p>NCCAOM 76 South Laura Street Suite 1290 Jacksonville, FL 32202, USA</p>
