

INSTRUCTIONS AND REQUIREMENTS – To use Doctor of Acupuncture Title

Access this form via website at: www.hawaii.gov/dcca/pvl

This application does not affect your license to practice acupuncture. This is an application for permission to use a doctoral designation.

EFFECTIVE OCTOBER 26, 2000

Effective October 26, 2000, no licensee practitioner shall be allowed to use a doctoral title unless that licensee has applied to the Board, been deemed by the Board to have met the requirements, and received the approval of the Board to use the title.

ADVANCED EDUCATION AND TRAINING REQUIREMENTS

An applicant for use of the doctor of acupuncture title shall demonstrate that the applicant has an earned doctoral degree in acupuncture or traditional Oriental medicine from an approved school, or shall have completed a program approved by the Board in the study or practice of acupuncture or traditional Oriental medicine that consisted of the following:

1. At least 500 hours in advanced academic education and training that is beyond that required for the L.Ac. entry level that may include any combination of topics covered in categories I and II listed in "Appendix A" dated April 6, 2000 (attached); and
2. At least 1,500 hours of clinical training and practice of acupuncture, traditional Oriental herbal medicine, or traditional Oriental physiotherapy, that may include laboratory work and presentation of scholastic instruction, that was obtained after the person commenced the doctoral studies.

EVIDENCE OF ADVANCED ACADEMIC EDUCATION

Attach the following:

1. Copy of diploma or certificate of completion;
2. Certified transcript (including the school seal); and
3. Copy of program description that summarizes the program studied.

EVIDENCE OF ADVANCED CLINICAL TRAINING

Attach the following:

1. Completed form entitled, "Advanced Clinical Training Practice Records Summation", showing a true and accurate summation of 1,500 hours of clinical training broken down monthly that was obtained after doctoral studies began; and
2. Notarized letters from practitioners who supervised the advanced clinical training, written proof from hospitals, clinics, etc. verifying that the advanced clinical training was completed.
NOTE: Clinical hours practiced in the applicant's own clinic maybe submitted on this form. In these cases, notarized letters from supervising practitioners are not required.

LICENSE/DEGREE/TITLE HELD IN OTHER STATES OR COUNTRIES

List all states, countries, or jurisdictions in which you have earned a degree or title, and in which you hold a current and valid acupuncture license. Attach copies of the verifying documents.

APPLICATION FEE (NON-REFUNDABLE)

Attach the \$50 non-refundable application fee.

Make check or money order payable to "COMMERCE AND CONSUMER AFFAIRS".

Note: One of the numerous legal requirements that you must meet in order for proof of approval to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank

If for any reason you are denied approval, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application has been denied.

ABANDONED APPLICATIONS

Your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years; provided that the failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit the required documents and other information requested by the licensing authority within two consecutive years from the last date the documents or other information were requested, or (2) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process, including attempting to complete the examination requirement.

BOARD'S ADDRESS

Mail to: Board of Acupuncture or Deliver to Office Location:
DCCA, PVL Licensing Branch 335 Merchant St., Room 301
P.O. Box 3469 Honolulu, HI 96813
Honolulu, HI 96801

Phone: (808) 586-3000

Toll Free Voice Access Numbers for Neighbor Islands:

Kauai	274-3141 Ext. 6-3000	Molokai	1-800-468-4644 Ext. 6-3000
Maui	984-2400 Ext. 6-3000	Lanai	1-800-468-4644 Ext. 6-3000
Hawaii	974-4000 Ext. 6-3000		

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

DOCTORAL PROGRAM

April 6, 2000

CATEGORY I: ORIENTAL MEDICAL SCIENCES

A. ORIENTAL MEDICAL PHILOSOPHY AND CHRONOLOGICAL STUDIES

Study of traditional philosophical literature and cultural perspectives towards Oriental medicine including classical history as related to development of acupuncture and Oriental medicine.

B. ADVANCED DIAGNOSIS AND SYMPTOMATOLOGY

Study of diagnosis techniques, including correlation of necessary data and statistic analysis to evaluate outcomes. Further study of organ system and specific acupuncture procedures to develop accurate diagnostic skills including comparison between classical and modern techniques.

C. ADVANCED MERIDIAN (Channels & Collaterals) SYSTEMS

Study and research of how the systems of the human body integrate with the internal and divergent pathways of the acupuncture meridian system.

D. ADVANCED POINT LOCATION AND FUNCTION

Study of the scientific analysis of acupuncture points based on morphological responses including systems of classical and modern methods of acupuncture point determination. A further study of the new points and scientific review of contraindications.

E. ADVANCED HERBOLOGY

Study of composition and pharmacological analysis of traditional oriental herbal formulas. A further research review of new formulas and pharmacopoeia based on traditional oriental medicine.

F. TRADITIONAL PATHOLOGY AND ETIOLOGY

Advanced studies of traditional oriental and western aspects of pathology and etiology. Study of morphological structure of "Zhang-Fu" and the influence of external, internal, and non-external/non-internal factors and patho-etiological relation with the Chinese bio-clock mechanism.

Study of the biological systemic function of the filtration of body fluids by acupuncture application. Study of the effects of acupuncture on pathological progress, transformations, and molecular metabolism of the organs.

Appendix "A"

(OVER)

CATEGORY II: ACUPUNCTURE SCIENCES APPLIED IN GENERAL MEDICINE

A. IMMUNOLOGY

Study of the modulation of the body's immunobiological mechanisms and active physiological substance changes with acupuncture and oriental medicine application on anaphylaxis and auto-immune disorders.

B. GYNECOLOGY AND UROLOGY

Study of acupuncture and oriental medicine as applied to gynecology, obstetric problems and female endocrine systems. Study of kidney and genitourinary systems to define clinical implications with acupuncture and oriental medicine applications.

C. NEUROLOGY

Study of neurological effects on the endogenous and vasomotor control with acupuncture application. A neuroanatomy and histological study of the central and peripheral nervous systems to define the significance of acupuncture applications.

D. ORTHOPEDICS

Study of the origin of and acupuncture effect on orthopedic conditions. Study of osteology and analysis of x-rays.

E. GERIATRICS/REHABILITATION/CHRONIC DISEASE

Study of acupuncture and oriental medical aspect applications to aging-related conditions. A study may extend to rehabilitation, chronic disease and pain management.

F. PEDIATRICS

Review of infant and child-related diseases and clinical application of the acupuncture and oriental medicine treatment which may include perinatal care. Study and practice of the pediatric acupuncture therapy instruments.

CATEGORY III: RELATED ADVANCED CLINICAL ACUPUNCTURE AND ORIENTAL MEDICINE

Clinical training practice of acupuncture, and oriental physiotherapy.

Clinical credit may include laboratorial work and presentation of scholastic instruction.

ADVANCED ACADEMIC EDUCATION

Attach written documentation of at least 500 hours in advanced education and training that is beyond that required for the L.Ac. entry level, (for example: certificate of completion, copy of diploma, certified transcript and course description).

Name of School: _____

Name of Program: _____

Address of School: _____

Date of Attendance: From _____ To _____ Degree Earned _____
(Mo/Yr) (Mo/Yr)

CLINICAL TRAINING AND PRACTICE

Attach a completed form "Advanced Clinical Training Practice Records Summation", along with the corresponding written documentation (for example: notarized letters from practitioners who supervised the training, hospitals, clinics, etc. where the training was completed) of 1,500 hours clinical practice broken down monthly after commencement of the advanced program. Submission of the completed form of the hours you practiced in your own acupuncture clinic/practice are acceptable.

Total length of training and practice: From _____ To _____ / _____
(Mo/Yr) (Mo/Yr) (Total Hours)

Name of person/entity providing clinical training and practice (if applicable): _____

Address: _____

Total length of training and practice: From _____ To _____ / _____
(Mo/Yr) (Mo/Yr) (Total Hours)

Name of person/entity providing clinical training and practice (if applicable): _____

Address: _____

(If additional space is required, attach a separate sheet)

List all states or countries in which you have earned a degree or title, and in which you hold a current and valid acupuncture license. (Attach copy of document(s).)

State or Country	Degree/Title	License No.
1.		
2.		
3.		

(If additional space is required, attach a separate sheet)

AFFIDAVIT OF APPLICANT:

I hereby certify that the answers and statements contained in this application and the documents attached verifying my advanced education and clinical training are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of use of the Doctor of Acupuncture title or for revocation of my acupuncture license (Sec. 710-1017, Hawaii Revised Statutes).

_____ Date

_____ Signature of Applicant

