

ATTENTION GRADUATES OF FOREIGN ACUPUNCTURE PROGRAMS

Effective on April 18, 2008, the Hawaii acupuncture licensing law was amended. All applicants who graduated from an acupuncture program that is located outside of the United States are affected by the law change. Your educational information must be reviewed by a Board-approved professional credentialing evaluator.

Please contact the Board of Acupuncture's Executive Officer for information about the law change. Call (808) 586-2698 or email acupuncture@dcca.hawaii.gov.

NOTE: if you graduated from an accredited U.S. program or one that is in candidacy status for accreditation, the law change DOES NOT affect you.

IMPORTANT INFORMATION REGARDING CHANGES TO NCCAOM ACUPUNCTURE LICENSING EXAMINATION(S)

Beginning with the October 2006 administration, the NCCAOM offered the examination(s) in a computerized format only. All candidates are being required to take the examination(s) using the computerized format. The traditional paper and pencil administration is no longer being offered.

Effective on February 15, 2007 NCCAOM will offer testing on a year-round basis.

HAWAII BOARD OF ACUPUNCTURE (“BOARD”) EXAMINATION REQUIREMENTS

Hawaii law requires all applicants for acupuncture license to pass the National Certification Commission on Acupuncture and Oriental Medicine’s (“NCCAOM”) Acupuncture Comprehensive Written Examination (“CWE”) or its equivalent. The examination was formerly called the NCCA examination.

In June 2004, the NCCAOM changed the examination format to a modular format. Under the modular format, the following modules are equivalent to the CWE:

Foundations of Oriental Medicine Module (“FOMM”)
Acupuncture Module (“AM”).

Applicants who have already taken and passed the CWE are **not required to take any additional examination(s)**. Applicants who have already taken and passed the FOMM and AM examinations do not have to take the examinations again. You must, however, submit a request to NCCAOM and ask NCCAOM to give written verification to Hawaii that you passed the CWE or the equivalent modules. The NCCAOM written verification must be sent **directly** to the BOARD. NOTE: if you took the examination through another state licensing board, you may have that board submit written verification to Hawaii that you passed the CWE or equivalent modules.

EXAMINATION APPLICATION DEADLINE

In order to receive BOARD approval to take the examination, your application must be received and be ***complete***, with all required documents and the application fee (\$50.00) at least two (2) weeks before a BOARD meeting date. Apply early and avoid processing delays.

REGISTERING FOR THE EXAMINATION(S) AS A HAWAII LICENSE CANDIDATE APPLYING THROUGH THE BOARD

After the BOARD approves your Application for Examination and License, the BOARD will send you a written notice, in the mail, that you have met Hawaii’s requirements and are eligible to sit for the examination(s). At the same time, the BOARD will send the NCCAOM a written notice that you are

eligible to take the examination. After that, NCCAOM will send you written notice about the examination, the fees you owe and any other important information you need to know about the examination(s).

After you receive an *Authorization to Test Letter* from NCCAOM, you must register for the examination directly with Pearson Vue, the NCCAOM's testing company. Pearson Vue has more than 250 test sites across North America and abroad. The *Authorization to Test Letter* will contain the information you will need to contact Pearson Vue.

REGISTERING FOR THE EXAMINATION(S) **DIRECTLY WITH NCCAOM**

Applicants for Hawaii license **ARE NOT** required to take the examination(s) through the BOARD. You may apply directly with NCCAOM to take the examination(s). For information about NCCAOM's procedure contact:

NCCAOM
11 Canal Center Plaza
Suite 300
Alexandria, VA 22314
Phone: (703) 548-9004
Fax: (703) 548-9079
Email: Info@nccaom.org
www.nccaom.org

EXAMINATION FEES

The NCCAOM charges the following fees for examination candidates who are not seeking NCCAOM certification:

FOMM	-	\$500.00
AM	-	\$420.00

NOTE: you will pay these fees directly to Pearson Vue. These fees are in addition to the application fee that you must pay when you submit your application to the BOARD. Also, after you have passed the examinations(s) the BOARD will notify you about the state licensing fees that you must pay.

FOREIGN LANGUAGE EXAMINATION(S)

The NCCAOM examinations are administered in English, in Chinese, and in Korean. The English versions will be given year-round. The Chinese and Korean versions will be offered during a two-week window in October every year (NCCAOM will announce the dates as October approaches). Be sure to specify, on your application, what language you want to take the exam in. NOTE: NCCAOM may charge you an additional fee to take the examination(s) in a foreign language.

INFORMATION & INSTRUCTIONS - ACUPUNCTURE LICENSE

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

NO RECIPROCITY

Hawaii does **not** reciprocate with any other state or country. All applicants are required to meet the academic, clinical training and national examination requirements in effect at the time the application is filed and according to Hawaii laws and rules.

APPLICATION FORM

Type or print legibly in dark ink and sign application. Incomplete applications will not be accepted. Failure to provide all the requested information will delay the processing of your application.

BOARD'S MAILING ADDRESS

Board of Acupuncture
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

Office location:
335 Merchant St., Rm. 301
Honolulu, HI 96813

Phone: (808) 586-3000

Toll free voice access numbers for
neighbor islands:
Kauai - 274-3141 Ext. 6-3000
Maui - 984-2400 Ext. 6-3000
Hawaii - 974-4000 Ext. 6-3000
Molokai - 1-800-468-4644 Ext. 6-3000
Lanai - 1-800-468-4644 Ext. 6-3000

EDUCATION and TRAINING REQUIREMENTS

Completed a formal program of acupuncture and received a certificate or diploma from an institute, school, or college that was accredited or recognized as a candidate for accreditation by an accrediting body recognized by the U.S. Department of Education, at the time of the applicant's graduation; or in the case of a foreign school, one that was licensed, approved or accredited by the appropriate foreign government agency at the time of the applicant's graduation and whose curriculum is approved by the Board. The program shall have consisted of at least **2,175** hours as follows:

- (a) **Academic program** in the science of acupuncture (traditional oriental medicine) of at least **1,515** hours; **and**
- (b) **Clinical training program** of at least than **660** hours.

Evidence of academic and clinical training:

SCHOOL DOCUMENTS REQUIRED

ALL DOCUMENTS must be in English. If your documents are in a foreign language, refer to the section entitled "DOCUMENTS IN A FOREIGN LANGUAGE" (below) for more information.

- (1) **OFFICIAL TRANSCRIPT WITH SCHOOL SEAL:** Attach an official transcript with your application. The transcript must contain the school's seal (copies will not be accepted). If the transcripts are not in English, please refer to the section entitled "DOCUMENTS IN A FOREIGN LANGUAGE" (below) for more information.

AVOID PROCESSING DELAYS, be sure the transcript has a breakdown of the number of hours you studied by category. For example:

TOTAL ACADEMIC HOURS COMPLETED: _____
TOTAL CLINICAL HOURS COMPLETED: _____

If the school transcript does not list the total academic hours and total clinical hours, SUBMIT AN ORIGINAL LETTER from the school, signed by a school official, written on school letterhead that states the total academic and total clinical hours you studied.

If the total hours are not provided on the transcript or a letter from the school is not submitted, processing of the application will be delayed.

If the school uses a system other than "hours", be sure to submit the school's conversion of the point system to "hours".

- (2) **CERTIFICATE OR DIPLOMA:** Attach a photocopy of your certificate or diploma. If the diploma is not in English, please refer to the section entitled "DOCUMENTS IN A FOREIGN LANGUAGE" (below) for more information.

DOCUMENTS IN A FOREIGN LANGUAGE

ALL DOCUMENTS must be in English. Documents that are in a foreign language must be translated in English. The translator must be someone other than the applicant. The translator must also submit an affidavit. (see example of affidavit below) The affidavit must be signed before a notary public. **Attach** the translation and the affidavit.

Example of translator's affidavit: The following is an **example** of a translator's affidavit and contains all of the elements required by the Board.

"I swear that I am competent in both the English language and the _____ language (language of the document) and that this is a true and complete translation of the foreign language original."

**GRADUATES OF
FOREIGN
ACUPUNCTURE
INSTITUTES, SCHOOLS
OR COLLEGES**

**EXAMINATION
REQUIREMENT**

Attach an original letter from the appropriate foreign government agency verifying that the institute, school or college was licensed, approved or accredited at the time of the applicant's graduation.

All applicants shall pass the National Certification Commission for Acupuncture & Oriental Medicine ("NCCAOM") Acupuncture Comprehensive Written Exam ("CWE") or its equivalent. Beginning with the June 2004 examination, the NCCAOM will implement its new modular examination format. Based on the modular format, the CWE is equivalent to:

**Foundations of Oriental Medicine Module (FOMM)
Acupuncture Module (AM)**

- These are written tests that are administered in Honolulu, Hawaii.
- When the Board approves your Application for Exam and License, further information, instructions, forms, and written notice of approval will be mailed to you.
- The NCCAOM Exam fees are: FOMM - \$250.00; AM - \$210.00. You will need to submit these fees to our office when you receive notice that your application has been approved. **DO NOT MAIL TO NCCAOM.** Our office will then send your name and NCCAOM fee to NCCAOM.
- The NCCAOM Exam is administered in English, Chinese, and Korean.

Should you have any questions regarding the new examination format, please visit the NCCAOM website at www.nccaom.org.

**APPLICANTS WHO
ALREADY PASSED THE
NCCAOM EXAM –
WAIVER OF EXAM**

If you have already taken and passed the NCCAOM (formerly known as NCCA) Exam, you will not be required to take the exam again. Applicants must submit a request to NCCAOM asking that written verification that you passed the Comprehensive Written Exam be sent directly to the Board. Or, have the other state licensing board (if you are licensed in another state) verify your NCCAOM score to the Board. You need to comply with NCCAOM's or the other state board's policies and fees, if any.

NCCAOM
11 Canal Center Plaza, Suite 300
Alexandria, VA 22314
www.nccaom.org
Phone: (703) 548-9004

Even though a waiver may be granted for the NCCAOM Exam, all applicants are still subject to the academic, clinical training, and other requirements of the Board.

**EXAMINATION
FILING DEADLINE**

The application, fees and ALL supporting documents must be received in the Board's office at least 75 days prior to a scheduled NCCAOM examination. Please refer to the "*Exam Schedule*" for specific examination and filing deadline dates.

FEES

Attach the appropriate fee, depending on whether you are applying for license via examination or you are applying for license via examination waiver. Make check payable to "COMMERCE & CONSUMER AFFAIRS".

APPLYING FOR EXAM

Attach the \$50 non-refundable application fee. Additional fees will be assessed after your application is approved and you pass the examination(s).

**APPLYING FOR EXAM
WAIVER**

Attach the appropriate fee, depending on when license will be issued.

License Fee -

If license is to be issued between July 1, odd-numbered year and
June 30, even-numbered year pay \$295
(\$50 - non-refundable application fee + \$100 - license + \$70 - Compliance Resolution Fund + \$75 – fee
for the second year of two year period)

If license is to be issued between July 1, even-numbered year and
June 30, odd-numbered year pay \$185
(\$50 – non - refundable application fee + \$100 – license + \$35 – Compliance Resolution Fund)

FEES (Cont.)

NOTE: *One of the numerous legal requirements that you must meet in order for your new license 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 the license you are applying for, 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 for a license has been denied.

LICENSE VERIFICATION

Have all jurisdictions where you hold or held a license at any time, complete the attached "Verification of License" form. This "Verification" form may be duplicated as needed. Allow at least 6 weeks for other jurisdictions to complete the form. Some jurisdictions charge a fee for verification service. Contact the appropriate licensing agency for information on requirements. The applicant is responsible for any fees incurred.

EXAM RESULTS

Written notice will be sent to you regarding examination results. Applicants who do not pass the examination may apply for re-examination.

OBTAINING A LICENSE

Upon passing the examination, you will be notified of license fees due.

MAINTAINING YOUR LICENSE

All licenses, regardless of issuance date, **expire on June 30 of odd-numbered years**. Licenses are subject to renewal on or before the license expiration date.

Approximately one month before the license expiration date, a courtesy renewal application is mailed to each current licensee at the last known address. You must report your changes to the Board within thirty (30) days of the changes. All changes must be reported in writing. If you let your license lapse for longer than one year, you must file a new application and meet requirements, including the academic, clinical training and national examination requirements that are in effect at the time of filing.

LAWS & RULES

To obtain a copy of the acupuncture laws (Chapter 436E, Hawaii Revised Statutes) and rules (Title 16, Chapter 72, Hawaii Administrative Rules), send a written request to: Board of Acupuncture, Commerce & Consumer Affairs, P.O. Box 3469, Honolulu, HI 96801. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with the above statutes.

The laws and rules are also posted on our website at: www.hawaii.gov/dcca/areas/pv/. Look under "Acupuncture".

APPLICANTS WITH SPECIAL NEEDS

If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification Form that must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam filing deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided.

No action will be taken to provide special testing arrangements until your exam application has been approved.

ABANDONMENT OF APPLICATION

Pursuant to HRS §436B-9 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. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

U.S. CITIZEN, U.S. NATIONAL, OR AN ALIEN AUTHORIZED TO WORK IN THE U.S.

Pursuant to section 436B-10, Hawaii Revised Statutes, all applicants shall be a U.S. citizen, U.S. national, or an alien authorized to work in the United States in addition to meeting the academic, clinical and examination requirements for licensure. Therefore, even if an applicant meets the academic, clinical training and examination requirements for licensure, that applicant shall not be issued a license if that applicant is not a U.S. citizen, a U.S. national, or an alien authorized to work in the U.S.

However, the Board will issue the applicant a conditional approval that signifies that the applicant has met the education, experience, and examination requirements for licensure; provided that this conditional approval shall not be considered a license to engage in the profession and shall not authorize the applicant to work in our State.

To obtain authorization to work in our State, the applicant shall be required to contact the U.S. Citizenship and Immigration Services ("USCIS"); <http://uscis.gov>; U.S. Citizenship and Immigration Services, 1-800-375-5283. Once the applicant submits evidence to the Board that the USCIS has authorized the applicant to work in the U.S. (without conditions or other encumbrances), provides a Social Security Number and has met all of the licensing requirements (including, but not limited to, the requirement that the applicant has not been convicted of any crime that is directly related to the profession), the applicant shall be issued a license.

This conditional approval shall be valid for two (2) years. An applicant must obtain the appropriate USCIS authorization within this two (2) year period in order to have a license issued. If the applicant is unable to meet this deadline, the applicant may be required to reapply for licensure and meet all of the requirements in effect at that time.

APPLICATION FOR EXAM & LICENSE – ACUPUNCTURE

Read "Requirements & Instructions" before completing this form.

Type or print legibly in black ink.

APPROVED NCCAOM Exam NCCAOM Exam Waiver

DENIED
Initials/date:

Legal Name (First-Middle)	(Last)
Residence Address (Include apt. no., city, state & zip code) - REQUIRED	
Mailing Address (only if different from above):	Other Names Used:
NCCAOM Exam to be administered in:	
<input type="checkbox"/> Korean <input type="checkbox"/> English <input type="checkbox"/> Chinese	

FOR OFFICIAL USE ONLY

Lic. No. ACU-	Eff. date
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Applying for:	Social Security No.	Date of Birth	Phone No. (days)
<input type="checkbox"/> NCCAOM exam on _____ <input type="checkbox"/> Exam waiver Passed exam on _____			

Circle answers; and give details when required:

- 1) Are you at least 18 years of age? YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the U.S.? YES NO
- 3) Do you now hold or have you ever held an acupuncture license in another jurisdiction? YES NO
- 4) Have you ever held a license in Hawaii? License No. _____ Exp. Date _____ YES NO
- 5) In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged? YES NO
- 6) Has any license ever been suspended, revoked or otherwise subject to disciplinary action? YES NO
- 7) Are there any disciplinary actions pending against you? YES NO
(If responses to Nos. 5, 6 or 7 are "yes" provide information on date, place, and type of conviction or disciplinary action on a separate sheet of paper. Attach copies of the court order, board's final order or pending action and a written explanation of the circumstances leading to the conviction or disciplinary action).
- 8) Have you been certified by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) by way of examination? YES NO
(Provide date verification of your exam scores was requested _____.)
- 9) If you have not been NCCAOM certified, have you taken and passed the NCCAOM written comprehensive examination for licensure in another state? YES NO
(Please have the licensing state verify your exam scores directly to the board.)

EDUCATION (Do not include Acupuncture education)	Name of School	Location of School (City/State)	Course of Study	Dates (mo/yr)		Degree Earned
				From	To	

STATE LICENSES	Name of State	License Number	Date Issued	License Current?		Date you requested that your license verification be sent to Hawaii
				YES	NO	

(If more space needed, attach a separate sheet)
(CONTINUED ON BACK)

App..... 024..... \$50	CRF 027..... \$35/70
Ex Adm 025..... \$10	½ Renewal 020..... \$75
License..... 026..... \$100	Service fee..... BCF..... \$15

	Name of Acupuncture School	Complete Address of School	Dates Attended (mo/yr)		Degree Earned	Date of Graduation
			From	To		
ACUPUNCTURE EDUCATION						
	List number of hours of academic training that is verified on your official transcript or an official document from the school (must be at least 1515) _____		Total academic hours			
	Does your transcript state the total academic hours you studied? If not, refer to the instructions entitled "DOCUMENTS REQUIRED".					
	List number of hours of clinical training that is verified on your official transcript or an official document from the school (must be at least 660) _____		Total clinical hours			
Does your transcript state the total academic hours you studied? If not, refer to the instructions entitled "DOCUMENTS REQUIRED".						
At the date of graduation noted above, was the school _____ (Circle one)						
Accredited or a candidate for accreditation by the Accreditation Commission On Acupuncture and Oriental Medicine ("ACAOM")?			Accredited		Candidate	
1. Is a photocopy of a certificate or diploma attached?YES NO 2. Is an official transcript with school seal attached?.....YES NO 3. Is fee attached?YES NO 4. If you are a graduate of a foreign acupuncture school, is a letter from the appropriate government agency (of the foreign government) verifying that the institute, school or college was licensed, approved or accredited by the government at the time of your graduation attached?YES NO 5. If documents are in a foreign language, is an accurate translation attached for each document?.....YES NO 6. If documents are in a foreign language, is an affidavit from the translator attached?.....YES NO						

AFFIDAVIT OF APPLICANT:

I hereby certify that the answers and statements contained in this application and the documents attached are true and correct. I certify that I have read, understand, and shall obey all the laws and rules of the Acupuncture Board (Chapter 436E, Hawaii Revised Statutes and Title 16, Chapter 72, Hawaii Administrative Rules). I understand that misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, and Sections 436B-19, and 436E-10, Hawaii Revised Statutes).

_____ Date

_____ Signature of Applicant

VERIFICATION OF LICENSE – ACUPUNCTURIST

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

State of Hawaii
Board of Acupuncture
P.O. Box 3469
Honolulu, HI 96801

TO BE COMPLETED BY APPLICANT:

APPLICANT	Name (First-Middle)	(LAST)	Social Security No.
	Address (Include apt. no., city, state and zip code)		License Number
			Date Issued
<p>I hereby authorize the licensing agency of _____ to furnish the information below to the State of Hawaii Board of Acupuncture.</p> <p>Date _____ SIGN HERE _____</p>			

TO BE COMPLETED BY LICENSING AGENCY:

LICENSING AGENCY	This is to certify that the above-named individual was issued license number _____ to practice as an acupuncturist:		
	Date issued: _____		
	Date license/certificate expires: _____		
	License status:	<input type="checkbox"/> current <input type="checkbox"/> lapsed since: _____ <input type="checkbox"/> inactive since: _____	
Has this certificate ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Please explain yes response and attach copy of board's order and related information.)</i>			
Do your files contain any derogatory information on this applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Please explain yes response and attach copy of board's order and related information.)</i>			
COMMENTS:			
Signature: _____ Title: _____ State: _____ Date: _____			
BOARD SEAL			
TO THE APPLICANT: Attach original with board's seal to your application form, <u>or</u> the licensing agency may send directly to the Board.			

THIS FORM MAY BE DUPLICATED.