

# **ARKANSAS STATE BOARD OF ACUPUNCTURE AND RELATED TECHNIQUES**

## **Instructions to Applicants for Licensure**

Type or print all applications and complete each required section in its entirety.

All applicants must include a check or money order in the amount of \$250.00.

All applicants must complete the first page of the Applicants Oath. All applicants must sign the oath before a notary public.

All applicants must attach a recent passport type photo to the first page of the application for Licensure.

All applicants must complete the Application for Licensure, Part A of the application and the applicants oath.

Applications will not be processed until all materials have been received.

All applicants may be asked to appear during application review.

Applications must be in English. All documents submitted in a foreign language must be accompanied by a certified translation in English. Each translated document shall bear the affidavit of the translator certifying that he or she is competent in both the language of the document and the English language and that the translation is a true and complete translation of the foreign language original.

**FOR ADDITIONAL INSTRUCTIONS, PLEASE CONSULT THE  
ARKANSAS ACUPUNCTURE PRACTICES ACT AND RULES AND  
REGULATIONS OF THE BOARD. COPIES MAY BE OBTAINED FROM  
THE BOARD OFFICE**

**STATE OF ARKANSAS**  
**BOARD OF ACUPUNCTURE AND RELATED TECHNIQUES**  
4815 W. Markham St., Slot 69, Little Rock, AR 72205  
(501) 671-1569 / email: [asbart@arkansas.gov](mailto:asbart@arkansas.gov)

**APPLICATION FOR LICENSURE**  
**OFFICE USE ONLY**

(attach recent photo)

FULL NAME \_\_\_\_\_  
Last, First, Middle

MAILING ADDRESS \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

PRACTICE NAME \_\_\_\_\_  
(If applicable)

PRACTICE ADDRESS \_\_\_\_\_  
Street City State Zip

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Work Phone Home Phone

\_\_\_\_\_  
Email Address

DATE OF BIRTH Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

# **ARKANSAS STATE BOARD OF ACUPUNCTURE AND RELATED TECHNIQUES**

## **PART A OTHER LICENSURE**

If you are applying for a license and were not residing and practicing acupuncture in Arkansas as of December 31, 1996, you must apply under Part A and Ark. Code Ann. 17-102-204.

In order to be eligible for licensure under Part A, you must have passed an examination given by the Board or have achieved a passing score on a board-approved nationally recognized examination and be found to have the necessary qualifications as prescribed in the Arkansas Acupuncture Practices Act and Rules and Regulations of the Board.

If you are applying under Part A, please provide the following:

- A. Two (2) affidavits from reputable acupuncturists who attest to your character;
- B. Certified copy of NCCAOM Certification in Acupuncture;
- C. Certified copy of NCCAOM Certification in Herbology;
- D. Certified copy of Clean Needle Technique Course certificate;
- E. If you are licensed, certified, registered or legally recognized to practice any other health care professions in any jurisdiction, provide a certificate from each jurisdiction stating your disciplinary record;
- F. Proof of successful completion of not less than sixty (60) semester credit hours of college education, to include a minimum of thirty (30) semester credit hours in the field of science;
- G. Certified copy of certificate or diploma from an accredited educational institution evidencing completion of the required program of study in acupuncture and oriental medicine.

Additionally, please complete the section below pursuant to Rules and Regulations Title III (A.1):

1. Are you at least 21 years of age? Yes (  ) No (  )
2. Are you a citizen or legal resident of the United States? Yes (  ) No (  )
3. Have you had a license to practice acupuncture and related techniques in any other state suspended or revoked or placed on probation for any cause? Yes (  ) No (  )

4. Have you ever been convicted of a felony? Yes (  ) No (  )

5. Are you a habitual user of intoxicants, drugs of hallucinatory preparations? Yes (  ) No (  )

6. Have you been subject to any disciplinary action in any jurisdiction related to your practice of acupuncture, oriental medicine and related techniques, or related to any other health care professions for which you are licensed, certified, registered or legally recognized to practice? Yes (  ) No (  )

7. Have you been a defendant in litigation in any jurisdiction related to the practice of acupuncture, oriental medicine and related techniques, or related to any other health care professionals for which you are licensed, certified, registered or legally recognized to practice? Yes (  ) No (  )

If you answered yes to questions 3-7, you must provide a detailed explanation.  
(Use and include a separate sheet if necessary)

**STATE OF ARKANSAS**  
**BOARD OF ACUPUNCTURE AND RELATED TECHNIQUES**

**APPLICANT'S OATH**

I, \_\_\_\_\_ hereby certify under oath that I am the person named in this application for license to practice acupuncture and related techniques in the state of Arkansas, that all statements I have made herein are true, and that I am the original and lawful possessor and person named in the various forms and credentials furnished to this Board with my application.

I acknowledge and state that I have read the Instructions to Applicants for Licensure that accompanied the application and that all statements contained in this application, including those in Part A are true and correct to the best of my knowledge. I further acknowledge that I understand the application fee submitted is not refundable.

I authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal or foreign), court, association, institution or other organization having control of any documents, records, and other information pertaining to me, to furnish to the Arkansas State Board of Acupuncture and Related Techniques any such information, including documents or records, regarding charges or complaints filed against me, or any other pertinent data and to permit the Arkansas State Board of Acupuncture and Related Techniques or any of their agents or representatives to inspect and make copies of such documents, records, and other information, in connection with this application, subsequent licensure, and practice thereunder.

Signature \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary Seal: