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~~.
The licensure application fee has been temporarily reduced to $13.00 for the July 1, 2025 to June 30, 2026 fiscal year. Make checks and money orders payable to "ASBART"

The Board shall waive the initial licensing fee if the applicant:

1. Is receiving assistance through the Arkansas Medicaid Program; the Supplemental Nutrition Assistance Program; the Special Supplemental Nutrition Program for Women, Infants, and Children; the Temporary Assistance for Needy Families Program; or the Lifeline Assistance Program;
2. Was approved for unemployment within the last twelve (12) months; or
3. Has an income that does not exceed two hundred percent (200%) of the federal poverty income guidelines.

All applicants must complete the Application for Licensure, Applicant's Oath, and provide all required documentation.

All applicants must sign the Applicant's Oath before a notary public.

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

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

All applicants may be asked to appear during the 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

ARKANSAS STATE BOARD OF ACUPUNCTURE AND RELATED TECHNIQUES

4815 W. Markham St., Slot 69, Little Rock, AR 72205
(501) 671-1569 / email: asbart@arkansas.gov

APPLICATION FOR LICENSURE

(attach recent photo)

FULL NAME_____
Last, First, Middle

HOME ADDRESS _____
Street

_____
City State Zip

PRACTICE NAME _____
(If applicable)

PRACTICE ADDRESS _____
Street City State Zip

( ) _____( ) _____
Work Phone Home/Personal Phone

_____
Email Address

_____
Business Website

LIST ANY STATES YOU HAVE PREVIOUSLY BEEN LICENSED IN:_____

DATE OF BIRTH Mo. _____Day_____Yr_____ PLACE OF BIRTH_____

SOCIAL SECURITY NUMBER _____ - _____ - _____

GENDER: ❒ Male ❒ Female

ETHNICITY/RACE: ☐ American Indian or Alaska Native ☐ Asian
☐ Black/African American ☐ Hispanic/Latino ☐ Native Hawaiian or Other Pacific Islander
☐ White/Caucasian

Are you an active member of the Military being stationed in AR? Yes ☐ No ☐

Are you a former member of the Military Yes ☐ No ☐

If yes:
Discharge date? _____
Dishonorable Discharge? Yes ☐ No ☐

Is your spouse an active member of the Military being stationed in AR Yes ☐ No ☐

Is your spouse a former member of the Military? Yes ☐ No ☐

If yes:
Discharge date? _____
Dishonorable Discharge? Yes ☐ No ☐

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 ever been convicted of a felony? Yes ( ) No ( )

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

5. 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 ( )

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 healthcare professions for which you are or have been 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 healthcare professionals for which you are or have been licensed, certified, registered or legally recognized to practice? Yes ( ) No ( )

*If you are a legal resident of the United States, you will need to provide a copy of your Federal Form I-766 Employment Authorization Document (Popularly known as a "Work Permit").

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

ARKANSAS STATE BOARD OF ACUPUNCTURE AND RELATED TECHNIQUES

ORIGINAL LICENSURE

To be eligible for licensure, an applicant shall be required to pass a Board-approved nationally recognized examination on Oriental Medicine or on both acupuncture and Chinese Herbal Medicine 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 Board Rule: TITLE III, A.3, A.4, C.1, C.2, please provide the following:

A. Certified copy of NCCAOM proof of passage for examination(s) in:
   a. Oriental Medicine
   or
   b. Both Chinese Herbal Medicine **and** c. Acupuncture

B. Proof of passage of a nationally recognized clean-needle-technique course as required by Ark. Code Ann. § 17-102-105.

C. If you have been licensed, certified, registered, or legally recognized to practice any health profession (including acupuncture) in any jurisdiction other than Arkansas, provide a certificate from each jurisdiction stating your disciplinary record.

D. 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, including but not limited to biology, chemistry, anatomy, physiology, and psychology.

E. Two (2) documents from an accredited institution evidencing completion of the required program of study in acupuncture and related techniques.
   1. Certified copy of certificate or diploma from an accredited educational institution in acupuncture and related techniques.
   2. Official copy of Applicant's transcript sent directly to the board by the education institution from which the Applicant received the certificate or diploma showing the completed subjects and hours of study completed in each subject.

F. Licensure Application Fee.

The licensure application fee has been temporarily reduced to $13.00 for the July 1, 2025 to June 30, 2026 fiscal year.

ARKANSAS STATE BOARD OF ACUPUNCTURE AND RELATED TECHNIQUES

RECIPROCAL LICENSURE

To be eligible for licensure, an applicant shall be required to pass a Board-approved nationally recognized examination on Oriental Medicine or on both acupuncture and Chinese Herbal Medicine 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 Board Rule: TITLE III, C.1, C.2, D, please provide the following:

A. Evidence of applicant's current and active licensure in acupuncture in another state.

B. Certified copy of NCCAOM proof of passage for examination(s) in:
   a. Oriental Medicine
   or
   b. Both Chinese Herbal Medicine **and** c. Acupuncture

C. Proof of passage of a nationally recognized clean-needle-technique course as required by Ark. Code Ann. § 17-102-105.

D. If you have been licensed, certified, registered, or legally recognized to practice any health profession (including acupuncture) in any jurisdiction other than Arkansas, provide a certificate from each jurisdiction stating your disciplinary record.

E. 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, including but not limited to biology, chemistry, anatomy, physiology, and psychology.

F. Two (2) documents from an accredited institution evidencing completion of the required program of study in acupuncture and related techniques.
   1. Certified copy of certificate or diploma from an accredited educational institution in acupuncture and related techniques.

   2. Official copy of Applicant's transcript sent directly to the board by the education institution from which the Applicant received the certificate or diploma showing the completed subjects and hours of study completed in each subject.

F. Licensure Application Fee.
The licensure application fee has been temporarily reduced to $13.00 for the July 1, 2025 to June 30, 2026 fiscal year.

ARKANSAS STATE 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 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: