



Acupuncture Board of Examiners

1740 W. Adams
Phoenix, Arizona 85007

Telephone (602) 364-0145 • Fax (602) 542-3093

ACUPUNCTURE LICENSE APPLICATION BY UNIVERSAL RECOGNITION A.R.S. § 32-4302

Scope of license:

Unrestricted practice of acupuncture in the State of Arizona.

License Period:

One year and may be renewed annually

REQUIREMENTS FOR LICENSURE

1. Provide a complete application. You must complete all questions. If you fail to complete a question, your application will be considered deficient and the processing of your application will be delayed.
2. If you answer "yes" to a question on the questionnaire page, please provide the following:
 - a. A narrative/explanation of the circumstances that led to the issue disclosed.
 - b. Documents to support your narrative. Example: Court documents, Board Orders, etc. *If documents are not provided, this will delay the application process.
 - c. Please note: It is the applicant's responsibility to report to the Board any changes that may have occurred during the application process. Failure to report any adverse actions to the Board during the licensure process may result in denial or revocation of your license.
3. Disclosure and license verification from all active Acupuncture licenses and certificates issued by another state of the United States and Proof that your current license is at the same practice level as that of Arizona
4. A photograph taken within the past year, not less than 2" x 2".
5. Submit this application with your notarized signature to the address above.
6. Pay application fee and license fee in the amount of \$425.00 (R4-8-106 (A)(1) and (A)(2))
7. A completed Arizona Statement of Citizenship and Alien Status for State Public Benefits form and proof of citizenship
8. Completion of the Fingerprint Clearance Card application through Arizona Department of Public Safety.
9. Proof of AZ Residency or Military Form 2058 Such as:
 - a. A valid Arizona driver's license
 - b. A current Arizona motor vehicle registration
 - c. Proof of filing Arizona income taxes in the most recent tax year
 - d. Arizona voter registration
 - e. Documentation of a mortgage for an Arizona residence
 - f. A dated residential rental contract with proof of payment
 - g. Proof of establishment of Arizona utilities
 - h. Proof of enrollment of children in Arizona schools of grades K-12
 - i. Documentation demonstrating a change in permanent address on all pertinent records
 - j. Military Form 2058

FEE SCHEDULE

Please make checks or money orders payable to the **Arizona Acupuncture Board of Examiners. Do not send cash.**

Application Fee (non-refundable):	A.R.S. § 32-3927(A)(2)	\$150.00
License Fee*:	A.R.S. § 32-3927(A)(1)	\$275.00

Total:

\$425.00

***The license fee is paid at the time of application.**

A.R.S. 41-1030(B) An Agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule, or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or conditions.

A.R.S. 41-1030(D) This section may be enforced in a private civil action and relief may be awarded against the State. The Court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the State for a violation of this section.

A.R.S. 41-1030 (E) A State employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

A.R.S. 41-1030 (F) This section does not abrogate the immunity provided by Section 12-820.01 or 12-820.02.

Notice:

Pursuant to section 41-1093.01, Arizona revised statutes, an agency shall limit all occupational regulations to regulations that are demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern. Pursuant to sections 41-1093.02 and 41-1093.03, Arizona revised statutes, you have the right to petition this agency to repeal or modify the occupational regulation or bring an action in a court of general jurisdiction to challenge the occupational regulation and to ensure compliance with section 41-1093.01, Arizona revised statutes.

Pursuant to A.R.S. § 32-2507(A) The board shall make available to the public a profile of each licensee. The board shall make this information available through an internet website and, if requested, in writing.

Received: _____

Receipt#: _____

Check#: _____

Amount: _____

PERSONAL INFORMATION

Last Name:

First Name:

Middle Name:

Other names known by:

Date of Birth:

Social Security Number: _____

HOME ADDRESS

Address: _____

City: _____

State: _____

Zip Code: _____

Phone (Home/Mobile): _____

Email: _____

Home telephone numbers and addresses will be kept confidential, unless these are the only numbers of record.

BUSINESS ADDRESS

Employment Status Self Employed Have an Employer

Business Name or Employer Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone (Home/Mobile): _____

Email: _____

PROFESSIONAL HEALTHCARE LICENSURE AND CERTIFICATION

YES/NO

Are you permitted by law to practice Acupuncture in another state, territory, or district of the United States, or another country or subdivision of another country?

If so, please list the jurisdiction(s) in which you have been permitted by law to practice Acupuncture:

State	License Number	Date Issued	Expiration Date	Limitations on License	Status of License

Yes	No	I have been licensed as an Acupuncturist for at least one year on another state			
Yes	No	There were minimum education requirements and, if applicable, work experience and clinical supervision requirements in effect at the time I was licensed.			
Yes	No	The Scope of Practice in the State where I have been licensed for at least one year is at the same practice level as or greater than Arizona			
Yes	No	I passed an examination for licensure if it was required by the state where I have been licensed for at least one year.			
		Examination was required?	Yes	No	

CHARACTER AND FITNESS

Yes	No	Has any health care facility ever terminated, restricted, or taken any other action regarding your employment, professional training, or privileges, or have you ever voluntarily or involuntarily resigned from a health care facility while under investigation?
Yes	No	Have you had discipline imposed by any other regulating entity
Yes	No	Have you ever been convicted of a crime, other than a minor traffic offense? Include pleas of guilty and no contest, conviction for driving under the influence of drugs or alcohol.
Yes	No	Do you have a complaint, allegation or investigation pending before another regulating entity in another state or country that relates to unprofessional conduct?
Yes	No	Are you a resident of the State of Arizona? If so please provide documentation as referenced above.

If you answered YES to any question, you must attach a letter of explanation, and documents or records that have original (not photocopied) signature, stamp or seal of the official authorized to maintain the

records or documents. If you were convicted of a crime, include in your detailed written explanation the nature of the crime, date of conviction, and current status.

NOTICE: Pursuant to A.R.S. 32-3208 an applicant who has been charged with a misdemeanor or felony involving conduct that may affect patient safety after submitting an initial application or an application for renewal must notify the regulatory board in writing within ten working days after the charge is filed.

AFFIDAVIT

I hereby certify that under penalties of perjury, I declare and affirm that the statements made in this application, including accompanying statements and transcripts, are true, complete and correct. I understand that any false or misleading information, in or in connection with my application may be cause for denial or loss of licensure.

Signature of Applicant: _ Date:

Notary Section

**IN THIS SPACE ATTACH
A PHOTOGRAPH
TAKEN WITHIN THE PAST YEAR**