



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE  
DIVISION OF PROFESSIONAL REGULATION  
BOARD OF MEDICAL LICENSURE AND DISCIPLINE  
ACUPUNCTURE ADVISORY COUNCIL

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

## APPLICATION FOR LICENSURE AS AN ACUPUNCTURE PRACTITIONER INSTRUCTION SHEET

Please read all instructions carefully before completing and submitting your application. If your application is not complete within six months of filing, it may be considered abandoned and discarded.

The documentation that you are required to submit in support of your application depends in part on the type of application you are filing. Therefore, it is important to correctly identify the type of application:

- **Original Licensure** – This type applies when neither of the other types applies.
- **Reciprocity** – This type applies only to applicants
  - who hold a *current* license to practice acupuncture in another state, **and**
  - that state has licensing requirements that are at least equal to those of Delaware, **and**
  - there are no outstanding or unresolved complaints.

Even if you hold a current license in another state, you must choose another type if either of the other requirements is not met.

- **Current Practitioner** – This type applies only to applicants who
  - are *currently* practicing acupuncture in Delaware, **and**
  - were practicing in Delaware during the 12-month period 6/27/2007 - 6/26/2008 (enactment date of the Delaware law governing the practice of acupuncture).

Even if you are currently practicing in Delaware, you must choose another type if you were not practicing in Delaware during that 12-month period.

### Checklist for *All Applicants*

The following summarizes the documentation requirements for all applicants. The application form may request additional documentation based on your answers to the questions.

- Submit completed, signed and notarized application form.
  - Make sure all questions are answered unless the instructions tell you to skip a question.
  - Read the AFFIDAVIT section.
  - Sign the application in front of a notary public.
  - Forms that are incomplete, unsigned or not notarized will be rejected.
- Enclose [processing fee](#) by check or money order made payable to “State of Delaware.”
  - Applications submitted without this processing fee will be rejected.
- Complete the [Criminal History Record Check Authorization](#) form to request state and federal criminal background checks. Follow the instructions on the form to arrange to be fingerprinted.
  - You must meet this requirement *even if* you recently had a criminal background check done for some other reason.
- If English is not your first language, submit proof that you passed the Test of English as a Foreign Language (TOEFL) with a minimum score of 550, or any other method as provided in the Rules and Regulations.
  - You do not have to meet this requirement if you applying as a *Current Practitioner* (see explanation above).

- Complete, sign and submit the *Delaware Child Protection Registry Request Form* to the Department of Services for Children, Youth & Their Families following the instructions on the form.
- Arrange for the Board office to receive verification that you have a Diplomate in Oriental Medicine from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) or an equivalent organization.
  - Verification must be sent *directly* from the organization to the Board office.
  - For an organization to be considered *equivalent*, it must be recognized by the Council and approved by the Board.
  - If you are applying as a *Current Practitioner* and you do not have an NCCAOM Diplomate, see the alternate educational requirement in the **Additional Requirements for Current Practitioner Applicants** section below.
  - If you are applying by *Reciprocity* or *Original Licensure* and you do not have an NCCAOM Diplomate, arrange for the Board office to receive verification of your acupuncture education sent *directly* from the institution to the Board office. The Council will determine if this requirement may be waived (24 *Del.C.* §1798(b)).
- Arrange for the Board office to receive a certificate verifying that you have completed a course or passed an examination in clean needle technique (CNT).
  - If CNT was completed before 1990 as part of the NCCA (predecessor of the NCCAOM) exam in acupuncture, the NCCA certification in acupuncture (achieved in 1990 or before) will be accepted in lieu of the above mentioned course certificate.
  - To request this verification from NCCAOM, complete the [Clean Needle Technique Certificate/Verification Request Form](#) available on [www.ccaom.org](http://www.ccaom.org). Click "Clean Needle Technique Course" and then "Certificate/Verification Request."
- If you have ever been licensed to practice acupuncture in another jurisdiction (state, U.S. territory or District of Columbia), arrange for a "letter of good standing" to be sent to the Board *directly* from *each* jurisdiction where you hold, or have ever held, an acupuncture practitioner license.
  - The jurisdiction's seal must be affixed to the verification. Internet or faxed verifications will not be accepted.
- If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
  - *The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 *Del. C.* §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 *Del. C.* §2216) and for other lawful purposes.

#### **Additional Requirement for Reciprocity Applicants**

- Submit copies of the licensing/practice statutes and regulations pertaining to the practice of acupuncture from each jurisdiction where you are licensed.
  - The Council will determine the equivalency of the licensing requirements of the jurisdictions where you are currently licensed to those of Delaware.

#### **Additional Requirements for Current Practitioner Applicants**

- Submit proof of practice during 6/27/2007- 6/26/2008:
  - If you were employed, provide Form W-2.
  - If you were self-employed, provide Schedule C of your tax return, business license, or similar documentation acceptable to the Council.
- If you do not have a Diplomate in Oriental Medicine from NCCAOM or an equivalent organization, submit proof that you have graduated from an ACAOM-accredited training course (or its equivalent) consisting of at least 1800 hours, including 300 clinical hours.
  - The Council will determine equivalency of any course that is not ACAOM accredited.



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## APPLICATION FOR LICENSURE AS AN ACUPUNCTURE PRACTITIONER

### TYPE OF APPLICATION

1. Select the type of application you are choosing to file (check one):

- Original Licensure – Check this if neither of the types below applies to you.
- Reciprocity – I hold a *current, active* license to practice acupuncture in another jurisdiction (state, U.S. territory or District of Columbia) with licensing requirements equal to or exceeding the requirements for Delaware licensure. **Submit copies of the licensing/practice statutes and regulations pertaining to the practice of acupuncture from the jurisdiction(s) where you are licensed.**
- Current Practitioner – I am *currently* practicing acupuncture in Delaware **and** I was practicing in Delaware during the 12-month period 6/27/2007 - 6/26/2008 (enactment date of the Delaware law governing the practice of acupuncture). **Submit proof of practice during 6/27/2007- 6/26/2008:**
- If you were employed, provide Form W-2.
  - If you were self-employed, provide Schedule C of your tax return, business license, or similar documentation acceptable to the Council.

If you check this type, skip to the **IDENTIFYING AND CONTACT INFORMATION** section.

2. Is English your first language? Yes  No  If no, submit proof that you passed the Test of English as a Foreign Language (TOEFL) with a minimum score of 550, or any other method as provided in the Rules and Regulations.

### IDENTIFYING AND CONTACT INFORMATION

3. Full Name: \_\_\_\_\_  
Last First Middle

4. Other Names Used: \_\_\_\_\_  
Include maiden, former married, alternate spellings.

5. Date of Birth (month/day/year): \_\_\_\_\_ Gender: Male  Female

6. Have you been issued a U.S. Social Security Number? Yes  No

- If yes, enter your SSN: \_\_\_\_\_
- If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

7. Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

8. Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
daytime or cell fax

## EDUCATION & CERTIFICATION INFORMATION

9. Do you have a Diplomate in Oriental Medicine from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) or an equivalent organization? Yes  No
- **If yes, arrange for the Board office to receive verification of the certification.** Skip to Question 11.
  - If no, continue with Question 10.

10. Are you applying as a *Current Practitioner* (Question 1)? Yes  No
- **If yes, submit proof that you have graduated from an ACAOM-accredited training course (or its equivalent) consisting of at least 1800 hours, including 300 clinical hours.**
  - **If no, enter the following information about your acupuncture practitioner education *and* arrange for the Board office to receive verification of this education sent *directly* from school to Board office.**

SCHOOL/TRAINING	LOCATION	DATES ATTENDED		DEGREE
		From	To	

11. Have you successfully completed a course or passed an examination in clean needle technique (CNT)? Yes  No  **If yes, attach certificate of verification.**

## INFORMATION ABOUT LICENSURE & PRACTICE

12. Are any disciplinary actions or complaints pending against you before any body that regulates the practice of acupuncture? Yes  No  **If yes, on a separate sheet, identify where the action is pending, describe the complaint/action, and include the anticipated date of resolution, if known. Enclose the sheet with the application.**
13. Have you ever had an acupuncture practitioner license denied, revoked, suspended or limited or placed on probation? Yes  No  **If yes, explain on a separate sheet and enclose with this application. Also, enclose a copy of the disciplinary order.**
14. Do you now hold, or have you ever held, a license as an acupuncture practitioner in any jurisdiction (state, District of Columbia, or U.S. territory)? Yes  No  If yes, enter information about your licenses:

JURISDICTION	LICENSE NUMBER	EXPIRATION DATE

**Arrange for a “letter of good standing” to be sent to the Board *directly* from *each* jurisdiction where you have ever held an acupuncture practitioner license.**

## HEALTH AND DISABILITY

15. Within the two years preceding this application, have you had a physical or mental disability which could reasonably be thought to interfere with your practice as an acupuncture practitioner, including use or abuse of dangerous or addicting substances? Yes  No
- **If yes, explain on a separate sheet and enclose with this application.** Continue with the next question.
  - If no, skip to the DISCLOSURES section.
16. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Yes  No  **If yes, explain on a separate sheet and enclose with this application.**

## DISCLOSURES

17. Have you ever been convicted or entered a plea of guilty or *nolo contendere* (no contest) to any felony or misdemeanor or any other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes  No

**Arrange for the Council office to receive a criminal background check.**

18. Have you ever been disciplined by a healthcare facility or any entity governing acupuncture licensure? Yes  No   
**If yes, explain on a separate sheet and enclose it with this application. Also, enclose a copy of the disciplinary action.**
19. Have you ever been the subject of an investigation by a licensing authority, medical association, hospital or other healthcare institution? Yes  No  **If yes, provide a copy of any documents in your possession related to the final disposition of the investigation and continue with the next question.** If no, skip to the DUTY TO REPORT section.
20. Do you agree to sign an authorization for the Board of Medical Licensure and Discipline and the Division of Professional Regulation to obtain any and all information concerning the disposition of the investigation directly from the licensing authority, medical association, hospital or other healthcare institution? Yes  No

## DUTY TO REPORT

21. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to file a written report with the Board of Medical Licensure and Discipline within 30 days if you have any reason to believe that a medical practitioner *other than yourself* is (or may be) guilty of unprofessional conduct as defined in 24 *Del. C.* §1731 OR that he/she is (or may be):
- medically incompetent
  - mentally or physically unable to engage safely in the practice of medicine
  - excessively using or abusing drugs including alcohol.

I certify that I have read and understand the provisions of [24 Del. C. §1730, 24 Del. C. §1731 and 24 Del. C. §1731A](#) and that I understand my *duty to report*. Yes  No

22. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes  No

23. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to self report all of the following:
- Any change in hospital allied healthcare privileges and any disciplinary action taken by any medical society against you within 30 days (24 *Del. C.* §1730(b)(1))
  - Any civil or criminal investigation in any jurisdiction which concerns your certification or license or other authorization to practice medicine within 30 days (24 *Del. C.* §1730(b)(2))
  - All information concerning medical malpractice claims settled or adjudicated to final judgment, as provided in Chapter 68 of Title 18, within 60 days. (24 *Del. C.* §1730 (c))
  - Each final judgment, settlement, or award against you regardless whether you have malpractice insurance, within 30 days of the final judgment, settlement, or award. (24 *Del. C.* §1731A (f))
  - Any reports filed against you with the Department of Services for Children, Youth and Their Families under Chapter 9 of Title 16 concerning child abuse or neglect (24 *Del. C.* §1730 (d))
  - Any reports filed against you to the Division of Long Term Care Residents Protection under Chapter 85 of Title 11 concerning adult abuse, neglect, mistreatment or financial exploitation (24 *Del. C.* §1730 (d))

I certify that I have read and understand all of provisions in the [Delaware Medical Practice Act](#), including those listed above, and understand my *duty to self report*. Yes  No

**Complete, sign and submit the *Delaware Child Protection Registry Request Form* to the Department of Services for Children, Youth & Their Families following the instructions on the form.**

To assure consideration of your license application at the next Council meeting, the Division must receive all of these items no later than 4:30 PM ten full working days before the Council's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six months of filing may be considered abandoned and discarded.

Please note: When your application is complete, please allow 4-8 weeks to receive your permanent license (whether or not a temporary license has been issued).

### AFFIDAVIT

I swear all of the following:

- I am the person who executed this application.
- The statements contained on this application are true in every respect.
- I have not suppressed or withheld information that might affect this application.
- I will abide by the laws and the ethical standards of this profession.
- I have read and understand this statement.

I further understand that by filing this application for an Acupuncture Practitioner in the State of Delaware, I hereby authorize and consent to have an investigation conducted to determine my professional qualifications, to determine if I have previously engaged in unprofessional conduct as defined in 24 Del. C. §1731 or the Board of Medical Licensure and Discipline and Council's Rules and Regulations and to determine that I am physically and mentally capable of engaging in the practice of acupuncture with safety to the public.

I authorize the Council of the Board of Medical Licensure and Discipline 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 or other information pertaining to me, to furnish to the Board of Medical Licensure and Discipline any such information, including document, records regarding charges or complaints filed against me, formal or informal, pending or closed, other pertinent data and to permit the Board of Medical Licensure and Discipline or any of its agents or representatives to inspect and make copies of such documents, records, and other information, in connection with this application, subsequent licensure or practice thereunder.

I understand and acknowledge that the Council of the Delaware Board of Medical Licensure and Discipline will rely on the information I have provided in this application in making its determination on licensure. I hereby expressly agree to

- Keep the information in this application current until such time as the Board has finally acted on it, and
- Promptly provide any and all additional information requested by or on behalf of the Board.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

City of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Signature of Notary: \_\_\_\_\_

SEAL

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

**APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.**

# Instructions for Requesting a Criminal Background Check

*Both state and federal criminal background checks are required.*

## Locations

### Kent County – Primary Facility

State Bureau of Identification  
Blue Hen Mall & Corporate Center  
655 Bay Rd. Suite 1B  
Dover, DE 19901

**Walk-ins accepted:** Mon 9 am – 7 pm, Tue - Fri 9 am – 3 pm  
Customer Service: (302) 739-2134

### New Castle County - Satellite Facility

State Police Troop Two  
100 LaGrange Ave  
Newark, DE 19702  
(Between Rts. 72 and 896 on Rt. 40)  
**By appointment only**  
Scheduling: (302) 739-2528 (local)  
(800) 464-4357 (toll free)

### Sussex County – Satellite Facility

Delaware State Police Troop Four  
South DuPont Hwy & Shortley Rd.  
Georgetown DE 19947  
(Across from DelDOT & the State Service Ctr.)  
**By appointment only**  
Scheduling: (302) 739-2528 (local)  
(800) 464-4357 (toll free)

## Applicants Residing in Delaware

1. If you are using the New Castle or Sussex Counties locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$69.00, to cover both the State and Federal criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. *Personal checks are not accepted in any county.* As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

## Out-of-State Applicants

1. You can be fingerprinted by your local police agency. All types of fingerprint cards are accepted. If your local police agency cannot provide a fingerprint card, call **(302) 739-2134** to request a fingerprint card.
2. Your *Authorization for Release of Information* form and fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, sex, etc.), your form will be returned. Send the *Authorization* form, fingerprint card, and certified check or money order (*personal checks are not accepted*) for \$69.00 made payable to “Delaware State Police” to:

**Delaware State Police  
State Bureau of Identification (SBI)  
PO Box 430  
Dover, DE 19903-0430**

⇒ **ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.**

**DO NOT SEND THE FORM OR FEE TO THE BOARD OFFICE**



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**AUTHORIZATION FOR RELEASE OF INFORMATION**

**CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS**

PLEASE PRINT OR TYPE ALL INFORMATION IN BLACK INK.

**CHECK TYPE OF LICENSURE FOR WHICH APPLYING:**

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Entertainment   | <input type="checkbox"/> Nursing                    |
| <input type="checkbox"/> Deadly Weapons Dealer | <input type="checkbox"/> Nursing Home Administrator |
| <input type="checkbox"/> Dental                | <input type="checkbox"/> Pharmacy                   |
| <input type="checkbox"/> Medical               | <input type="checkbox"/> Texas Hold'em Dealer       |

**ENTER FULL CURRENT NAME:**

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Suffix (e.g., Jr., Sr.)

**ENTER ALL OTHER NAMES USED IN THE PAST (including, but not limited to, maiden name, former married names, alternative spellings):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION**

As an applicant, I authorize release of any and all information that you have concerning me, including **CRIMINAL HISTORY RECORD INFORMATION** and other information of a confidential or privileged nature. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

**SIGNATURE OF PERSON PRINTED:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work: \_\_\_\_\_

**MAIL THE RESULTS OF MY CRIMINAL HISTORY REQUEST TO:**

**Division of Professional Regulations  
861 Silver Lake Boulevard, Suite 203  
Dover DE 19904  
SLC D420A**

**USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.**



DELAWARE CHILD PROTECTION REGISTRY REQUEST FORM



Instructions: Follow these instructions to submit this form to the Department of Services for Children, Youth and Their Families (DSCYF). Do NOT send this form to the Division of Professional Regulation.

- Type or clearly print all information
Do not use a cover sheet.
Do not send duplicate requests.
Submit form to DSCYF within 90 days of signature date.
Allow 15 working days for results to be processed.

Fax or Mail Request to: DSCYF, OCCL
Criminal History Unit
1825 Faulkland Road
Wilmington, DE 19805
Fax: 302-633-5191

DSCYF Phone: For questions about the Child Protection Registry, call DSCYF at (302) 892-5800 Please note that DSCYF cannot answer questions about your professional licensure application. For questions about professional licensure, contact the Division of Professional Regulation at (302) 744-4500.

PART I. APPLICANT INFORMATION

Name: Last First Middle

Other Name(s) Used:

Delaware Drivers License #: Social Security Number:

Date of Birth: mm / dd / yyyy Sex: Male Female Race:

Address: Street City State Zip

Have you ever been involved in a substantiated case of child abuse or neglect? Yes No If yes, explain:

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the below named agency/organization with all substantiated cases of child abuse or neglect concerning me contained in the Child Protection Registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature: Date:

Parent or Guardian Signature if applicant is under the age of 18):

PART II. AGENCY/ORGANIZATION INFORMATION

Check only one: Education Healthcare Facility Child Care Other: State Agency

Agency Identification Number (if applicable): 1179

Requesting Agency Name: Division of Professional Regulation

Address: Cannon Building, 861 Silver Lake Boulevard, Suite 203, Dover, DE 19904

Phone: (302)744-4500 Fax: (302)739-2711 Contact Person: Sherianne Eley

DSCYF USE ONLY:

The individual listed above ( is listed) ( is NOT listed) on the Delaware Child Protection Registry.

Date: DSCYF Criminal History Unit: