Acupuncturist or Acupuncture and Eastern Medicine Practitioner Inactive License Activation Application Packet

Contents:

Important Social Security Number Information:

If you have a Social Security Number, the law requires you to disclose it on your application for a professional or occupational license. 42 U.S.C. § 666(a)(13); RCW 26.23.150. It will be used under the state's child support enforcement program to locate individuals for purposes of establishing paternity and establishing, modifying, and enforcing support obligations. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. If you do not have a Social Security Number, you are still eligible to apply for and obtain a credential if you meet the requirements. Please see the Declaration of No Social Security Number Form. Please call the Customer Service Center at 360-236-4700 if you have questions.

In order to process your application:

Mail your application with initial documentation and your check or money order payable to:

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Acupuncturist or Acupuncture and Eastern Medicine Credentialing
P.O. Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

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Application Instructions Checklist

You will be notified in writing if further documentation is required.

To ensure you have submitted the necessary fees and documentation, we encourage you to use the following checklist:

☐ **Pay** Current Active Renewal Fee. **All fees are non-refundable.** You can check the online **fee page** for current fees.

☐ **1. Demographic Information.**
Social Security Number: You must list your social security number on your application. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. Please see the Declaration of No Social Security Number Form. Please call the Customer Service Center at 360-236-4700 if you do not have one.

National Provider Identifier Number (NPI): The National Provider Identifier (NPI) is a standard unique identifier for health care professionals available from the Federal Centers for Medicare and Medicaid Services. The NPI is a 10 digit numeric identifier. If you have a NPI number, provide this on your application.

Legal Name: List your full name: first, middle, and last.

Definition of legal name: "Legal name" is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

Birth date: Provide the month, day and year of your birth.

Birth place: Provide the city, state and country where you were born.

Address: List the address we should use to send any information on your license. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with Department of Health until we have been notified of a change. See **WAC 246-12-310**.

Phone, Fax and Cell Numbers: Enter your phone, fax and cell numbers, if you have them.

Email: Enter your email address, if you have one.

Other Name(s): Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See **WAC 246-12-300**.

☐ **2. Other License, Certification, or Registration.** List **all** credentials you have held since last being licensed in Washington State. List in date order, most current

first. Include the date you were last actively licensed in Washington State. Attach additional pages if you need more space.

- ☐ **3. Experience.** In date order, list all your professional work experience since your Washington State credential expired. Identify all time breaks of 30 days or more. Attach additional pages if you need more space.
- ☐ **4. Disciplinary Action Attestation.** Required by **WAC 246-12-040**.
- ☐ **5. Applicant's Attestation.** Required to be both signed and dated in order to process the application.

Additional Documentation Required

If your license has been inactive for more than three years and you have been actively practicing in another state of the United States or its major territories, to return to active status you must provide:

- ☐ Certification of an active Acupuncturist or Acupuncture and Eastern Medicine Practitioner license, submitted directly from another licensing agency. The certification must include the license number, issue date, expiration date, and whether the Acupuncturist or Acupuncture and Eastern Medicine Practitioner has been the subject of final or pending disciplinary action;
- ☐ Verification of current active practice in another state of the United States or its major territories for the last three years; and

If your license has been inactive for more than three years, and you have not been actively practicing in another state of the United States or its major territories, to return to active practice you must provide:

- ☐ Written request to change licensure status;
- ☐ Written certification of all Acupuncturist or Acupuncture and Eastern Medicine Practitioner or health care licenses held, submitted directly from the licensing agency. The certification must include the license number, issue date, expiration date and whether the Acupuncturist or Acupuncture and Eastern Medicine Practitioner has been the subject or final or pending disciplinary action; and
- ☐ Proof of successful completion within the past year of the following National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) examinations:

  a. Foundations of Oriental Medicine;

  b. Acupuncture with point location; and

  c. Biomedicine

  Note: You will not be allowed to take the required exams without pre-approval from the Department of Health to NCCAOM.

NCCAOM verification. Request verification of passing the NCCAOM examinations. The exam must include the exams listed above. The telephone number for NCCAOM in Jacksonville, Florida is 904-598-1005.

Note: Electronic signatures and/or initials are not accepted.

Date Stamp Here

Revenue: 0207050000

Acupuncturist or Acupuncture and Eastern Medicine Practitioner Inactive License Activation Application

Please print clearly in ink; applications received with electronic signatures and/or initials are not accepted. Follow the instructions provided. It is the responsibility of the applicant to submit or request all required supporting documents be submitted. Failure to do so may result in a delay in processing your application.

1. Demographic Information

Social Security Number (SSN) (If you do not have a SSN, see instructions)	**National Provider Identifier Number (NPI)** (Enter 10 digit number)	☐ Male ☐ Female ☐ Prefer not to answer ☐ X

Name First Middle Last

Birth date (mm/dd/yyyy)

Address

City	State	Zip Code	County

Country

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)

Email address

Mailing address if different from above address of record

City	State	Zip Code	County

Country

Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.

Have you ever been known under any other name(s)? ☐ Yes ☐ No If yes, list name(s):

Will documents be received in another name? ☐ Yes ☐ No If yes, list name(s):

2. Other License, Certification, or Registration

(Include Previous Credentials in Washington State)

State/Jurisdiction	Profession	Credential			Method of Credentialing	Currently in Force	
		Type	Number	Year Issued		No	Yes

3. Experience

Type of experience of practice and location	Start (mm/yyyy	End (mm/yyyy

4. Disciplinary Action Attestation

I certify no action has been taken by any state or federal jurisdiction or hospital, which would prevent or restrict my right to practice my profession.

I further certify I have not voluntarily given up any credential or privilege or have not been restricted in the practice of my profession in lieu of or to avoid formal action.

APPLICANT'S INITIALS

5. Applicant's Attestation

(City, state)

I, _____ , declare under penalty of perjury under the laws
(Print applicant name clearly)

of the state of Washington the following is true and correct:

- I am the person described and identified in this application.
- I have read **RCW 18.130.170** and **RCW 18.130.180** of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.
- I have read all laws and rules related to my profession.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

_____ _____

(Signature of applicant) (mm/dd/yyyy)

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Acupuncturist or Acupuncture and Eastern
Medicine Practitioner Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Out-of-State Credential Verification

To Applicant:

Please complete this side of form and send it to the state(s) and/or jurisdiction(s) where you are or have been licensed, certified, or registered. Instruct them to return the form directly to the above address. Make a copy of this form if you need to send it to more than one state or jurisdiction. Agencies normally charge a fee for verification. Please check in advance to help expedite this process.

Name: Last	First	Middle
Mailing Address		
City	State	Zip Code
Any other names used:		
License, Certification, or Registration Number	Date Issued	

Have the licensing agency return this completed form to the above address.

If you have any questions, please call 360-236-4700.

(To be Completed by the Regulatory Agency)

Please complete this form regarding the applicant listed on the reverse. Submit the completed form and any other requested material directly to this office at the address on the reverse. We will not accept the form if submitted by the applicant. Thank you.

Name of license, certification, or registration holder:		
Authority providing verification: (state, name & title)		
Applicant licensed, certified, registered by: Written Examination	Date:	Score:
Name of examination:		
Other Examination	Date:	Score:
Name of examination:		
Is it current? Yes ☐ No	Expiration Date:	
Is this individual considered to be in good standing in your state? ☐ Yes ☐ No If "no", please attach explanation.		
Have they ever been denied? ☐ Yes ☐ No Suspended? ☐ Yes ☐ No Revoked? ☐ Yes ☐ No Surrendered? ☐ Yes ☐ No Reinstated? ☐ Yes ☐ No If "yes", please provide a copy of the final order or other documentation of action taken.		
If this individual has been disciplined, has he/she successfully completed all requirements and is currently in good standing? ☐ Yes ☐ No		

(SEAL)

Signature:

Title:

Date:

RCW/WAC and Online Website Links

RCW/WAC Links

Uniform Disciplinary Act, RCW 18.130

Administrative Procedure Act, RCW 34.05

Administrative Procedures and Requirements, WAC 246-12

Acupuncturist or Acupuncture and Eastern Medicine Practitioner Laws, RCW 18.06

Acupuncturist or Acupuncture and Eastern Medicine Practitioner Rules, WAC 246.803

Online

Acupuncturist or Acupuncture and Eastern Medicine Practitioner Program, Web Page

NCCAOM, http://www.nccaom.org

TOEFL, http://www.ets.org