

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards way
Madison, WI 53705
E-Mail: dps@wisconsin.gov
Website: <http://dps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING **INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR CERTIFICATION** **AS AN ACUPUNCTURIST**

For Certification as an Acupuncturist, your Application for Certification as an Acupuncturist (**Form #1715**), must be completed. Attach the appropriate fee to application and return. Make check or money order payable to the Department of Safety and Professional Services.

In addition to Form #1715 and the required fee, the following documents are required:

1. Evidence of successful completion of clean needle technique course sent directly to the Department from Council of Colleges of Acupuncture and Oriental Medicine (CCAOM).
2. Evidence of successful completion of course of study and residency, the equivalent of at least two (2) consecutive years of full-time education and clinical work in Oriental diagnostic and therapeutic theories and practices at a school accredited by the National Accreditation Commission for schools, and colleges of Acupuncture and Oriental Medicine or the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM).

This must include dates attended and number of hours completed in program. Transcripts must be sent directly to the Department from the school.

3. Evidence of successful completion of NCCAOM examination in acupuncture, with a passing score, determined by NCCAOM, sent directly to the Department from NCCAOM.
4. Verification of Certification (active or inactive) as an acupuncturist in other state or territory, sent directly to the Department from state board(s). (**If applicable.**)
5. Affidavit of Active Acupuncture Practice (**Form #2773**). (**Only required for reciprocal applicants or for late renewal after five (5) or more years.**)

NOTE: All supporting documents must be received directly from the jurisdictions and institutions involved. They will not be accepted from the applicant.

To view the status of your application, visit the Department website at <http://online.drl.wi.gov/ApplicationStatus/CredentialApplicationStatus.aspx>.

MAILING INSTRUCTIONS: Mail the Application for Licensure, the appropriate fee, and documentation to the following address:

MAILING ADDRESS:

DSPS
ATTN: ACUPUNCTURE CERTIFICATION
P.O. BOX 8935
MADISON WI 53708-8935

EXPRESS DELIVERY:

DSPS
ATTN: ACUPUNCTURE CERTIFICATION
4822 MADISON YARDS WAY
MADISON WI 53705

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
 Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
 Madison, WI 53705
E-Mail: dspd@wisconsin.gov
Website: <http://dspd.wisconsin.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR CERTIFICATION AS AN ACUPUNCTURIST

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

| | | | |
|---|---|--|--|
| PLEASE TYPE OR PRINT IN INK <input type="checkbox"/> Your name, address, telephone number, and email address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14). | | | |
| Last Name <input style="width: 90%;" type="text"/> | First Name <input style="width: 90%;" type="text"/> | MI <input style="width: 90%;" type="text"/> | Former / Maiden Name(s) <input style="width: 90%;" type="text"/> |
| Address (street, city, state, zip) <input style="width: 95%;" type="text"/> | | Daytime Telephone Number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | |
| Mailing Address (if different) <input style="width: 95%;" type="text"/> | | Date of Birth <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | |
| Social Security Number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | | Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law. | |
| Ethnicity/gender status information is optional. Ethnicity: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other Sex: <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| Have you ever been licensed in Wisconsin as an Acupuncturist? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number: <div style="border: 1px solid black; width: 150px; height: 20px; margin-left: 150px;"></div> | | | |
| Email Address <input style="width: 95%;" type="text"/> | | | |

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- Initial Acupuncture Certification**
 \$ 75.00 Initial Credential Fee
\$ 75.00 Total Fee Attached
- Reciprocal Acupuncture Certification**
 \$ 75.00 Initial Credential Fee
\$ 75.00 Total Fee Attached
- Late Renewal After 5 or More Years**
 \$ 75.00 Renewal Fee
 \$ 25.00 Late Fee
\$100.00 Total Fee Attached

For Receiving Use Only (55)

Wisconsin Department of Safety and Professional Services

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- | | |
|---|---|
| <input type="checkbox"/> Application (Form #1715) and appropriate fee <input type="checkbox"/> Transcripts received directly from the school <input type="checkbox"/> Proof of successful completion of the NCCAOM examination in acupuncture, received directly from NCCAOM <input type="checkbox"/> Proof of successful completion of a clean needle technique course, received directly from CCAOM <input type="checkbox"/> Letters from all State Boards where licensed, active and inactive | <input type="checkbox"/> Affidavit of Active Acupuncture Practice (Form #2773) (reciprocal applicants only) <input type="checkbox"/> Convictions and Pending Charges (Form #2252), if applicable <input type="checkbox"/> Malpractice Suits or Claims (Form #2829) and copies of malpractice suit, court documents with allegations and settlement, if applicable <input type="checkbox"/> Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc. |
|---|---|

ARE YOU A VETERAN? If yes, please view the Department website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? Yes No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? Yes No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVETS.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select "Professions," then, "Acupuncturist."

| EDUCATION | | | | |
|---|---|---|---|---|
| Acupuncture School Name | Location of School (city, state) | | Dates Attended (month, year) | |
| <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | | From: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | To: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> |
| <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | | From: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | To: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> |
| <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | | From: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | To: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> |
| Length of Residency Program: | Dates: | From: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | To: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | Total # of Hours: <input style="width: 50px;" type="text"/> |

I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S). (Include all active and inactive states.)

| | | | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

For each credential listed above, you are required to have each State Board or territory of the United States submit a letter of verification to the Wisconsin Department of Safety and Professional Services. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

REGARDING THE STATES YOU LISTED ABOVE: Identify the states in which you were licensed by EXAM.

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|

Wisconsin Department of Safety and Professional Services

ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

| | | |
|----|---|--|
| 1. | Have you ever been denied a certificate by the NCCAOM or had your certificate revoked, suspended, or otherwise restricted by the NCCAOM? If yes, provide details below: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Have you ever been certified, licensed, or applied for certification or licensure, to practice any other health care profession in Wisconsin or any other jurisdiction? If yes, provide details below: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Have you ever been certified, licensed, or applied for certification or licensure as an acupuncturist in any other jurisdiction? If yes, provide details below: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Are any international, federal, or state formal charges pending against you or has any disciplinary action been taken against you by any professional/occupational licensing authority, any health care facility, or any professional acupuncture association? If yes, provide details below: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | Have you ever voluntarily surrendered your certificate or license to practice acupuncture or any other regulated health care profession or occupation? If yes, provide details below: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | Have you ever had employment or an appointment in a clinic, hospital or other health care facility suspended, revoked or denied for disciplinary reasons or have you ever resigned from a health care facility to avoid disciplinary action If yes, provide details below: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges (Form #2252). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. | Have you or your clinic ever been the defendant in a lawsuit alleging any form of malpractice or incompetencies in the practice of acupuncture or any other professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition and complete Malpractice Suits or Claims (Form #2829). | <input type="checkbox"/> Yes <input type="checkbox"/> No |

CERTIFICATION OF LEGAL STATUS

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

Wisconsin Department of Safety and Professional Services

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: Date: / /