

This is sent in response to your request for information regarding the requirements for obtaining a license to practice acupuncture in the State of Nebraska. An applicant for licensure must submit to the Department the following documentation:

- A verified complete application on a form provided by the Department. Only applications which are complete will be considered.
- A Certificate of Acupuncture Education completed by a school on the form provided, and sent directly to this office from the school, showing successful completion of the acupuncture curriculum requirements of a formal, full-time acupuncture program at a Board-approved school or college (ACAOM accredited) which includes at least 1,725 hours of entry-level acupuncture education consisting of a minimum of 1,000 didactic and 500 clinical hours;
- Official documentation of passing score obtained on the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) Acupuncture Comprehensive Written Examination;
- Official documentation of passing score obtained on the NCCAOM Point Location Examination;
- Official documentation showing proof of completion of the Clean Needle Technique Course approved by the NCCAOM;
- A copy of birth certificate, marriage license, driver's license, or other valid verification of age. Applicants must be at least 19 years of age;
- A Verification of Licensure or Letter of Good Standing from the State Board from each location where you hold or have held a license/certificate or registration to practice acupuncture, including any temporary permits;
- The required licensure fee of \$300 (\$75 if license issued within six months prior to expiration date – see last page of application);
- Citizenship, lawful permanent residence, and/or immigration status information: You must submit a **copy** of at least one of the following documents:
  - A U.S. Passport (unexpired or expired);
  - A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
  - An American Indian Card (I-872);
  - A Certificate of Naturalization (N-550 or N-570);
  - A Certificate of Citizenship (N-560 or N-561);
  - Certification of Report of Birth (DS-1350);
  - A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
  - Certification of Birth Abroad (FS-545 or DS-1350);
  - A United States Citizen Identification Card (I-197 or I-179);
  - A Northern Mariana Card (I-873);
  - An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
  - (12) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
  - A document showing an Alien Registration Number ("A#"); or
  - A Form I-94 (Arrival-Departure Record).

You can access the statutes and regulations for your profession on the website. Statutes are found at <http://www.dhhs.ne.gov/crl/statutes/statutes.htm> and 172 NAC 89 Regulations Governing Acupuncture at <http://www.dhhs.ne.gov/reg/t172.htm> Please familiarize yourself with these, and keep them in your records.

If you have any further questions, please contact this office at 402/471-2118.

Lic# \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Office Use Only  
 Revised 03/2015

**APPLICATION FOR LICENSE TO  
 PRACTICE ACUPUNCTURE**  
**Fee: \$300**  
 Original signature required

**SECTION A – PERSONAL INFORMATION:** (All applicants must complete this section) Items 1 and 2 are public information. Name and Licensure information will be displayed on the INTERNET at <http://www.nebraska.gov/LISSearch/search.cgi>

**NOTE: All mailings will be sent to the address you indicate below– if you change your address, you must advise this office.**

1	Legal Name	First:	Middle Name:	Last:
	Maiden Name	Other Names you are known as (AKA):		
2	Mailing Address	Street/PO/Route:		
		City:	State or Country:	Zip:
3	Date of Birth: Month/Day/Year:	Place of Birth (city/state/country):		Gender: M      F
4	Check the Appropriate Box(es)	<input type="checkbox"/> Social Security Number (SSN);	SSN#	
		<input type="checkbox"/> Alien Registration Number ("A#");	A#	
		<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number	I-94 #	
If you have both a SSN and an A# or I-94 number, you must report both. Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.				
Phone		Fax (optional)		
Licensee E-mail Address		Credentialing contact e-mail Address (optional)		

Office Use Only

Office Use Only			<b>Federation</b>	Yes__	No__
<b>BOARD</b>	Yes__	No__	<b>NPDB</b>	Yes__	No__
			<b>NDEN</b>	Yes__	No__



**SECTION D –LICENSURE IN OTHER STATES** (All applicants must complete this section)

Have you ever been licensed as an acupuncturist in another state or jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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List all other states, jurisdictions, or territories of the U.S. where you have been or are currently licensed, including license number, issue date, and expiration date.

State	License #	Issue Date	Expiration Date

**SECTION E – CONVICTION AND LICENSURE INFORMATION** (All applicants must complete this section)

**Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.**

Answer the following questions either yes or no by placing a (✓) in the appropriate box. All 'yes' responses MUST be explained in detail and you must submit the requested documentation (see page 5 of application). Additional documentation may be requested by the Board/Department after submission of initial information.

**Section I**

1	Have you ever had any disciplinary or adverse action imposed against a professional license or permit in any state or jurisdiction?	YES	NO
2	Have you ever voluntarily surrendered or voluntarily limited in any way a license or permit issued to you by a licensing or disciplinary authority?	YES	NO
3	Have you ever been requested to appear before any licensing agency?	YES	NO
4	Have you ever been notified of any charges, complaints or other actions filed against you by any licensing or disciplinary authority?	YES	NO
5	Are you aware of any pending disciplinary actions or of any on-going investigations of a complaint against your license or permit in any jurisdiction?	YES	NO
6	Have you ever been asked to and/or permitted to withdraw an application for licensure or permit with any Board or jurisdiction?	YES	NO
7	Has any state or jurisdiction refused to issue, refused to renew or denied you a license or permit to practice?	YES	NO

**Section II**

1	Are you currently, or have you ever been, addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence?	YES	NO
2	Within the past 5 years, have you received any therapy/treatment or been admitted to any hospital or other in-patient care facility for reasons relating to your use/abuse of alcohol, narcotics, barbiturates, or other drugs?	YES	NO
3	Do you currently, or have you ever had, any physical, mental, or emotional condition which impaired, or does impair your ability to practice your health care profession safely and competently?	YES	NO
4	Within the past 5 years, has any licensing agency or credentialing organization initiated any inquiry into your physical, mental or emotional health?	YES	NO

**Section III**

1	Have you ever been restricted, suspended, terminated, requested to voluntarily resign, placed on probation, counseled, received a warning or been subject to any remedial or disciplinary action during medical school or postgraduate training?	YES	NO
2	Have you ever had hospital or institutional privileges denied, reduced, restricted, suspended, revoked, terminated or placed on probation?	YES	NO
3	Have you ever voluntarily resigned or suspended your hospital or institutional privileges while under investigation from a hospital, clinic, institution, or other medically related employment?	YES	NO
4	Have you ever been notified that any action against your hospital or institutional privileges is pending or proposed?	YES	NO
5	Have you ever been allowed to withdraw your staff privileges from a hospital or institution?	YES	NO
6	Have you ever been subject to staff disciplinary action or non-renewal of an employment contract?	YES	NO

**Section IV**

1	Have you ever been convicted of a felony?	YES	NO
2	Have you ever been convicted of a misdemeanor?	YES	NO
3	Have you ever been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?	YES	NO

**Section V**

1	Have you ever been notified of any professional liability claim that resulted in an adverse judgment, settlement, or award, including settlements made prior to suit in which the patient releases any professional liability claim against the applicant?	YES	NO
2	Are you aware of any professional liability claims currently pending against you?	YES	NO

**SECTION F – PRACTICE PRIOR TO CREDENTIAL** An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

1	Have you practiced as an acupuncturist in Nebraska prior to holding a credential?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice:	# of days: _____	
		Name of Business: _____	
		City: _____	
		Telephone #: _____	

**SECTION G - ATTESTATION**

**Attestation:** For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check **ONE** of the boxes below):

**I attest that:**

- I am a citizen of the United States; **OR**
- I am a qualified alien under the Federal Immigration and Nationality Act; **OR**
- I am a nonimmigrant lawfully present in the United States; **OR**
- Check this box if you are **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

**NOTE:** You may still be eligible for a certificate if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.

If you are **NOT a citizen of the United States**, you must submit proof of lawful presence in the U.S. Your certificate will NOT be renewed until such proof is received by our office and verified through the Department of Homeland Security (may take 4-6 weeks).

**Signature and Application Attestation I attest that:**

1. I have read the renewal application or have had the renewal application read to me; and
2. All statements on this renewal application are true and complete.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Conviction Information: If you have been convicted of a felony or misdemeanor, you must submit:

- a. A copy of the court record, which includes charges and disposition;
- b. Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
- c. All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
- d. A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation.

Professional Liability (Malpractice) Information:

If You Answered YES To Section V Question #1: Indicate the total number of claims you have had which resulted in:

- a. an adverse judgment against you;
- b. a settlement made on your behalf, including those made prior to suit in which the patient released any professional liability claim against you;
- c. an award was required or made by you or on your behalf.

Submit a detailed explanation of each claim to include the following:

- 1. Name, sex and age of patient
- 2. Date of occurrence
- 3. Initial event (procedure/diagnosis)
- 4. Subsequent event that precipitated the claim – include the time sequence in relation to the initial event
- 5. Damages – a description of damages or alleged damages resulting from the initial and subsequent events
- 6. Date of filing of malpractice claim in court (if applicable)
- 7. Outcome of claim – include the court disposition, whether or not the case was settled, and the amount of any monetary settlement or judgment made on your behalf.
- 8. Date of final outcome of claim.

If You Answered YES To Section V Question #2: Indicate the total number of malpractice claims that are currently pending against you. Submit the following for each pending claim:

- a. A detailed explanation of the claim to include the information as outlined above, numbers 1-6;
- b. Copies of the court documents that outline the statement of charges (often called the “Complaint”);
- c. Letter from the attorney stating the current status of the claim.

Disciplinary Action: If you have had any disciplinary actions taken against your credential, you must have copies of all disciplinary actions sent directly to our office from the other state.

Fee: The required fee (see chart below). Initial license fee is prorated if the license is issued six months prior to the expiration date. All acupuncture licenses expire May 1 of odd-numbered years.

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$75	\$75
Odd	\$75	\$75	\$75	\$75	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300

**CERTIFICATE OF ACUPUNCTURE EDUCATION**

\_\_\_\_\_  
Name of University/School or College

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

I, \_\_\_\_\_, have applied for a license to practice acupuncture in the State of  
(Print full name of license applicant)

Nebraska. As part of the application process, the State of Nebraska requires a verification of my acupuncture education.  
I hereby authorize \_\_\_\_\_, its staff or representative to provide the State of  
(Name of School or College)

Nebraska any and all information requested below, whether such information is favorable or unfavorable, and I hereby release from any and all liability the above named society and/or person for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice. Further, I request that this completed form be sent directly to the State of Nebraska. I understand that completed forms returned to me will not be accepted for verification purposes.

Sincerely, \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Signature of Applicant) MO DAY YEAR  
Social Security Number \_\_\_\_\_ Date of Graduation \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO DAY YEAR

The following section must be completed by the dean or registrar of the acupuncture school and returned directly to the State of Nebraska. Certificates returned directly to the applicant will not be accepted. Any substitutions must contain all required information or it will not be accepted for verification purposes. Please complete all sections and provide exact dates.

This certifies that \_\_\_\_\_  
(full name of applicant)

Enrolled in \_\_\_\_\_  
(Name of Acupuncture School or College)

on \_\_\_\_/\_\_\_\_/\_\_\_\_ graduated on \_\_\_\_/\_\_\_\_/\_\_\_\_ with the degree of \_\_\_\_\_  
MO DAY YEAR MO DAY YEAR

Further, I certify that the records of this institution indicate that this applicant successfully completed the acupuncture curriculum requirements of the formal, full-time acupuncture program of this university, college or school of acupuncture.  
( )YES ( )NO

I certify that the acupuncture program completed by this applicant met or exceeded the following specific requirements:

- 1,725 hours of entry-level acupuncture education ( )YES ( )NO
- 1,000 didactic hours ( )YES ( )NO
- 500 clinical hours ( )YES ( )NO

By \_\_\_\_\_  
Signature of the dean or registrar

SEAL

Signed and the college Seal affixed on \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO Day Year