



**State of New Hampshire  
 Department of Health and Human Services  
 Board of Acupuncture Licensing  
 121 South Fruit Street  
 Concord, NH 03301-3857  
 (603) 271-9254**

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Nicholas A. Toumpas  
 Commissioner

Stephen J. Mosher  
 Chief Financial Officer

**Application for License Renewal**

Instructions: All applicants for licensure renewal are required to fill out this application. Please type or print clearly in black ink and complete all of the questions. Make a copy of your completed application for your own records. Return the application to the address above along with all other required materials and a check or money order for \$110.00 payable to "Treasurer, State of NH." This includes a \$25.00 nonrefundable application fee. **The application must be submitted no later than 30 days prior to the date of license expiration.**

*\*You are required by law to provide current updated business address to the NH Board of Acupuncture Licensing. Please review your personal and business information below and make any changes needed.*

**License #:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_

**\*Review your personal and business information below and make changes if necessary:**

**NAME:**

Last	First	MI

**HOME ADDRESS (used to mail license & Board communications):**

Street & Number/PO Box		Street & Number/PO Box	
City/Town	State	Zip Code	

**Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**PRINCIPAL BUSINESS ADDRESS:**

Name of Business/Street & Number/PO Box		Street & Number/PO Box	
City/Town	State	Zip Code	

**Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**ADDRESSES OF ALL OTHER PLACES OF BUSINESS WHERE YOU PRACTICE ACUPUNCTURE:**

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2. **PLEASE PROVIDE YOUR SOCIAL SECURITY NUMBER** \_\_\_\_\_

New Hampshire Board of Acupuncture Licensing is now mandated by the US Federal Government to record the Social Security Number of all licensed acupuncturists in the state of New Hampshire. You may not list your business tax ID number or EIN. You may not list your NPI number. The federal government requires a personal SSN. If you have no Social Security Number (SSN) because you are not a US citizen, you must give your US government federal Tax Identification Number (TIN) and indicate that you are giving this TIN instead of SSN and why.

3. **PLEASE ANSWER THE FOLLOWING QUESTIONS.** Check “yes” or “no” to questions A through H below regarding the previous 2 year period. Any “yes” response must be fully explained by written statement on separate sheets of paper as needed, signed, and dated, and enclosed with your application for renewal. Make sure that you describe the circumstances and your role completely, and include place, dates involved, a detailed description of the issue, and how it was or is being resolved. Attach additional 8.5" by 11" sheets as necessary to describe other incidents or to provide further information. A “yes” answer does not automatically constitute grounds for denying a license renewal, but it is essential that the circumstances be explained truthfully and in detail.

A. Has any malpractice claim been made against you regardless of whether a lawsuit was filed in relation to the claim?  YES  NO

B. Have you been denied an acupuncture license/certificate/registration anywhere for any reason?  YES  NO

C. Have you had employment or appointment in a hospital, clinic or other health care facility suspended, or resigned from a health care facility in lieu of being subject to a disciplinary action?  YES  NO

D. Are any formal disciplinary charges pending or has any disciplinary action been taken against you by any acupuncture or medical board, any health care facility, or any professional acupuncture association, whether international, national, state or local?  YES  NO

E. Have you voluntarily surrendered a license to practice acupuncture or other healing art in lieu of facing disciplinary action?  YES  NO

F. Have you been convicted of a crime involving violence, abuse, fraud, dishonesty, or drugs?  YES  NO

G. Have you had a professional license in a field other than acupuncture that has been revoked, suspended or otherwise terminated on disciplinary grounds, or are there any disciplinary actions currently pending against you in relation to any professional license you hold or have held?  YES  NO

H. Have you had an emotional disturbance or mental illness, an organic illness, or an addictive disorder, which impaired your ability to practice acupuncture or to function as an acupuncture student? (If so, describe treatment and outcome of treatment.)  YES  NO

**CONTINUING EDUCATION REQUIREMENTS:**

***CEU = continuing education units for classes. PDA = professional development activities***

List below courses or professional activities, equivalent to thirty (30) continuing education units, which you have completed for the two-year period beginning with the expiration date of your last New Hampshire licensure. (Attach additional page if necessary.)

**\*NOTE: you must include copies of the CEU certificates or documentation to verify PDAs.**

**NOTE: You may carry over any CEUs earned in excess of 30 to the next 2 year period ONLY.**

If you earn up to 30 points in the past 2 years, those will be used first to renew now.

If you earned more than 30 in the past 2 years, the excess will be allowed to carry over to use when you renew the next time. Only a maximum of 30 can carry over, only to the next 2 year renewal period and then expire.

**COURSES with approved CONTINUING EDUCATION UNITS**

**Be sure to list sponsoring institution such as NESAs or NHAAMA, or the state board or NCCAOM approving the course for CEUs. All courses must be pre-approved by this board or by another organization that we automatically accept. Those are NCCAOM, other state licensing boards, national or state professional associations such as AAAOM or NHAAMA, or a course offered by an accredited school such as NESAs.**

*Refer to the New Hampshire Board of Acupuncture Licensing Code of Administrative Rules 402.04 and 402.05 requirements for approval of continuing education courses, available on our website.*

<b>Course Title &amp; Subject</b>	<b>Dates</b>	<b>Instructor</b>	<b>Sponsor / Approving Board</b>	<b># of CEU's</b>

**\*Courses in Business, management, insurance billing and practice building shall be ineligible for CEUs.**

**PROFESSIONAL DEVELOPMENT ACTIVITIES**

**Research, publication, teaching, supervising a clinic, supervised observation or practice, etc.**

*Refer to the New Hampshire Board of Acupuncture Licensing Code of Administrative Rules 402.03 for acceptable professional activities and the different # of points earned for each activity.*

<b>Type of activity</b>	<b>Dates</b>	<b>Institution/Publisher</b>	<b># of PDAs</b>

**CALCULATION:**

We must count what you earned in this 2 year period *first*. The first 30 will renew your license now.

Total earned from CURRENT 2 year period course CEUs: \_\_\_\_\_ + PDAs: \_\_\_\_\_ = \_\_\_\_\_.

If *under* 30, you have not met the requirement. You will need to earn more or you will need to use carry over points from the PREVIOUS 2 year period if you have any.

If you come up short of 30, and need to use any previous carry over points to total 30, please write that here: \_\_\_\_\_ . Any previous carry over not used now, expires now.

Total current earned \_\_\_\_\_ + previous carry over \_\_\_\_\_ = \_\_\_\_\_.

If you earned *over* 30 in this 2 year period, any points in excess of 30 may carry over to NEXT 2 year period but no further, to use only if you need them (ie you do not earn 30 in next 2 year period): \_\_\_\_\_.

5. **CURRENT PRACTICE:**

Are you currently actively practicing acupuncture in New Hampshire? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you currently actively practicing acupuncture in another state? \_\_\_\_\_ YES \_\_\_\_\_ NO

6. **NCCAOM CERTIFICATION:**

**I affirm that I am currently NCCAOM certified. Signature:** \_\_\_\_\_

*You may include a photocopy of your NCCAOM card, or we will randomly audit by calling NCCAOM.*

**NOTE:** Your certification status with the NCCAOM is either Active or Inactive. ACTIVE STATUS requires that you have practiced Acupuncture with at least 250 patient visits completed in twelve (12) consecutive months over the past four (4) years; it also requires that you have earned sixty (60) or more Professional Activity points in the preceding four years.

If you do not have enough patient visits or PDAs as described above, the NCCAOM allows an INACTIVE STATUS for a maximum of two (2) years. This could be used for maternity leave or if you are out of the country, but you must apply for this status with NCCAOM. *Do not let your NCCAOM certification expire.*

Do you hold **active** NCCAOM status? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please give **expiration date:** \_\_\_\_\_. ← (If not entered you will not be renewed.)

Do you hold **inactive** NCCAOM status? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please give your regular expiration date, **dates of inactive status and explanation:**

\_\_\_\_\_

7. **STATEMENT OF APPLICANT:**

I understand that I am required to use sterile, disposable, one-use needles.

I understand that I am required to use Clean Needle Technique.

I have complied with the continuing education requirements of NH acupuncture licensure renewal and have attached appropriate proof of such.

I hereby certify that all statements made in this application and all information and documentation submitted in connection with this application are, to the best of my knowledge, true, accurate, complete, and unaltered. I understand that misstatements and omissions of material facts may be cause for denial of this application, or for suspension or revocation of a license, or other appropriate disciplinary action.

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

NH Acupuncture License Number: ACP \_\_\_\_\_