



Online Instructions

Initial Application of Acupuncture License

PLEASE READ the application instructions, statutes, and regulations before completing your application. Please retain this information for future reference. **The following items must be on file with our office before your application for acupuncture license by credentials will be reviewed:**

1. A COMPLETED ONLINE APPLICATION, INCLUDING PAYMENT OF FEES

Nonrefundable Application Fee: \$200.00

License Fee: \$325.00

Total Fees Due: \$525.00

Note: You may only pay with a credit card when submitting an online application. The online application is not complete until you have completed the credit card payment online.

2. NCCAOM DIPLOMATE

Please request your NCCAOM credentials be sent directly to this office.

www.nccaom.org/state-licensure/state-verification/

3. VERIFICATION OF LICENSURE

A completed Verification of Licensure form (#08-4110b).

4. CERTIFICATE OF MORAL CHARACTER

Two completed Certificate of Moral Character forms (#08-4110c).

LICENSE STATUS:

Licenses are issued for a two-year period and expire on **September 30th** of **even-numbered** years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. Renewal notices are provided at least 30 days prior to the expiration date on file, in accordance with AS 08.01.050. Login to the MY LICENSE self-service portal to ensure your contact information is up to date. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license on time.

PROFESSIONAL FITNESS QUESTIONS:

A "yes" response in the application does not mean your application will be denied. If you have responded "yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and both charging and closing court documentation.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the Division's website at ProfessionalLicense.Alaska.Gov under License Search.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the Division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form located at *ProfessionalLicense.Alaska.Gov* or contact the Division for a copy of the form.

STALE DOCUMENTS:

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the Division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the program you want to be updated on to:

REGULATIONS SPECIALIST

Email: *RegulationsAndPublicComment@Alaska.Gov*

Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

P.O. Box 110806

Juneau, Alaska 99811-0806



Acupuncture Program
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: Acupuncturists@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov/Acupuncturists

Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my medical and dental records, employment and education records including all training which pertains to my medical practice, and any records pertaining to litigation, judgments, suits, and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators. This release also applies to all records that pertain to credentialing records at facilities at which I have applied for or held privileges to practice medicine.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, psychological, drug, or alcohol evaluation, counseling, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment, including all information previously identified, collected, or stored under the authority of any state or federal law, including 42 CFR Part 2.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization expires one (1) year from the date of my signature below.

Name:	First	Middle	Last
Full Address:	P.O. Box or Street	City	State Zip
Phone:		Date of Birth:	
Email:			
Signature:		Date Signed:	



THE STATE
of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Acupuncture Program

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: Acupuncturists@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/Acupuncturists

Verification of Licensure

→ **Applicant:**

Please complete the identifying information below and forward a copy of this form to each state or jurisdiction where you previously were or currently are licensed. Some states require a fee for completion of license verification. *Make additional copies of this form, as needed.*

Applicant Name:		Email Address:	
Applicant Signature:		Date Signed:	

→ **Licensing Agency
or State Board:**

Please complete this bottom part for the applicant identified above and return the form directly to the Acupuncture Program at the letterhead address.

Licensee Name: (As Shown in Your Records)		State or Jurisdiction:	
License Number:		Periods of Lapse:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Original Issue Date:		Expiration Date:	
License Status:	<input type="checkbox"/> Current	<input type="checkbox"/> Inactive	<input type="checkbox"/> Lapsed <input type="checkbox"/> Other: _____
Issued By:	<input type="checkbox"/> Exam	<input type="checkbox"/> Credentials	<input type="checkbox"/> Reciprocity <input type="checkbox"/> Other: _____
List Derogatory Information, If Any:			

1. Has there been any final disciplinary action taken against this licensee?
(If yes, please provide a copy of the disciplinary action document.) Yes No

2. Does your state require NCCAOM certification for licensure? Yes No

Board Seal	Signature:		Date Signed:	
	Printed Name:		Title:	
	Email:		Phone:	



THE STATE
of

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Department of Commerce, Community, and Economic Development
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Acupuncture Program

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: Acupuncturists@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/Acupuncturists

Certificate of Moral Character

Required: You must submit two certificates of moral character.

Applicant Name:	
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→ **Reference:** Please complete this bottom part for the applicant identified above and return this form to the applicant or directly to the Acupuncture Program at the letterhead address.

Number of years I have been personally acquainted with the above-named applicant:	
Reference Name:	
Mailing Address:	P.O. Box or Street City State Zip
Email Address:	Phone Number:

Notarized Signature

By my signature below, I certify that I have been personally acquainted with the aforementioned applicant for the number of years indicated above, and that I know him/her to be of good moral character, not addicted to the use of habit-forming drugs or intemperance, and I recommend him/her to the State of Alaska, Department of Commerce, Community, and Economic Development, as being entirely worthy to be licensed to practice acupuncture in Alaska pursuant to law.

Notary Stamp	Reference Printed Name:			
	Reference Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	