

# Arkansas State Board of Acupuncture and Related Techniques License Renewal Application

**1. Please make any corrections/additions to the contact information below:**

<b>Name:</b>	
<b>Company/Practice:</b>	
<b>Website:</b>	
<b>Email:</b>	
<b>Business Address:</b>	
<b>Business Phone:</b>	
<b>Home Address:</b>	
<b>Home Phone</b>	
<b>Preferred Mailing Address: (Home or Business)</b>	

- GENDER:                     Male     Female
- ETHNICITY/RACE:         American Indian or Alaska Native
- Asian
- Black/African American
- Hispanic/Latino
- Native Hawaiian or Other Pacific Islander
- White/Caucasian

Are you an active member of the Military being stationed in AR?      Yes     No

Are you a former member of the Military                                      Yes     No

If yes:

Discharge date? \_\_\_\_\_ Yes     No

Dishonorable Discharge?    Yes     No

Is your spouse an active member of the Military being stationed in AR      Yes     No

Is your spouse a former member of the Military?                                      Yes     No

If yes:

Discharge date? \_\_\_\_\_ Yes     No

Dishonorable Discharge?    Yes     No

**2. Please mark your response next to each of the statements below as required in Title IV A.1 of the Board Rules and Regulations:**

A.1    **LICENSE RENEWAL:** Every Applicant for license renewal must provide a statement as to whether he or she, since applying for licensure or since last applying for license renewal, whichever occurred most recently:

(a)    Has been subject to any disciplinary action in any jurisdiction related to the practice of acupuncture and related techniques, or related to any other health care professions for which the Applicant for license renewal is licensed, certified, registered or legally recognized to practice;

Yes \_\_\_\_\_                    No \_\_\_\_\_

(b)    Has been a defendant in any litigation in any jurisdiction related to his or her practice of acupuncture and related techniques, or related to any other health care professions for which the Applicant for license renewal is licensed, certified, registered or legally recognized to practice; and

Yes \_\_\_\_\_                    No \_\_\_\_\_

(c)    Has been convicted of a felony in any jurisdiction.

Yes \_\_\_\_\_                    No \_\_\_\_\_

**3. Please enclose certificates of attendance to fulfill the following requirements of Title IV B.1 and B.2 of the Board Rules and Regulations for continuing education units:**

B.1 **CONTINUING EDUCATION:** The Board shall not renew the license of any licensee unless the licensee presents to the Board evidence of attendance at a Board approved educational session or sessions of not less than twenty-four (24) hours of continuing education within the previous biennial period, which shall include a CPR course for healthcare professionals, to be considered as two (2) hours of the required twenty-four (24) hours of continuing education.

Approved continuing education courses may not be retaken for credit in consecutive biennial periods. Proof of teaching courses related to acupuncture or related techniques may be applied to a maximum of four (4) hours of continuing education, subject to approval by the board.

B.2 The Board may accept hours from Board approved courses or NCCAOM approved courses as valid continuing education hours, provided that documentation contains: provider contact information, course information (including any relevant NCCAOM reference), and official seal or signature.

**4. CERTIFICATION:** I hereby attest that the statements made herein are true and accurate and the documents submitted herewith accurately reflect my completion of the continuing education sessions.

\_\_\_\_\_ **Date:** \_\_\_\_\_  
«First\_Name» «Last\_Name», L.Ac.