

Colorado Division of Registrations
Office of Licensing—Acupuncturist
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-7800
FAX: (303) 894-7693
www.dora.state.co.us/registrations

REINSTATEMENT APPLICATION—ACUPUNCTURIST

APPLICANT INSTRUCTIONS

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as an Acupuncturist in this state without a Colorado license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

Basic Requirements. Requirements for licensure are outlined in the Acupuncturists Practice Act, specifically 12-29.5-104; and Acupuncture Licensure Rules and Regulations. Both are available online at www.dora.state.co.us/acupuncturists.

In compliance with the Michael Skolnik Medical Transparency Act of 2010, licensees are required to complete an online Healthcare Professions Profile on our website at www.dora.state.co.us/hppp.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

Application Expiration. Your application will be kept on file for one (1) year from date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that an affidavit be mailed to you.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Registrations Online Services at www.doradls.state.co.us.

License Expiration Grace Period for Applicants. All applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date. For example, licenses issued between September 1, 2011 and December 31, 2011 will reflect a license expiration date of December 31, 2013. Licenses issued prior to September 1, 2011 will reflect an expiration date of December 31, 2011 and must renew in the upcoming renewal period.

- All Acupuncturist licenses expire on December 31 of odd-numbered years and must be renewed to continue practicing.

APPLICANT CHECKLIST

To reinstate your expired Acupuncturist license:

- Complete the attached application.** Return the completed application and all supporting documentation to the Office of Licensing.
- Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and **made payable to State of Colorado**. All fees are non-refundable and subject to change every July 1.
- Complete and return the attached Affidavit of Eligibility form.** Pursuant to C.R.S .24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.
- Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
- Prepare and submit a copy of your Mandatory Disclosure statement.** State law requires you to provide a Mandatory Disclosure Statement to each new patient. See the Mandatory Disclosure Checklist Requirements (attached) for a list of all items that must be included in your statement. More information and a sample form are available on our website at www.dora.state.co.us/acupuncturists.
- Complete a Healthcare Professions Profile.** In compliance with the Michael Skolnik Medical Transparency Act of 2010, you are required to complete an online profile on our website at www.dora.state.co.us/hppp. You cannot start your profile until the Division of Registrations receives your application and enters it into our database. Allow 10 days from the date your application was mailed before accessing the website. If you have questions or technical issues regarding your online profile, contact the Healthcare Professions Profiling Program at hppp@dora.state.co.us or (303) 894-5942.

Return your completed application packet and all supporting documentation to:

Division of Registrations
Office of Licensing—Acupuncturist
1560 Broadway, Suite 1350
Denver, CO 80202



IMPORTANT NOTICE

TO: All Applicants

FROM: Rosemary McCool, Director, Division of Registrations

SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Registrations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Registrations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the [website](#) of the appropriate board or program.*



Colorado Department of Regulatory Agencies
 Division of Registrations
 1560 Broadway, Suite 1350
 Denver, CO 80202

Licensee/Applicant Full Legal Name

Last	First	Middle	Suffix

Colorado Professional or Occupational License/Certification/Registration Number: _____
 (if already licensed)

Professional or Occupational License/Certification/Registration type applying for: _____

AFFIDAVIT OF ELIGIBILITY

Pursuant to H.B. 06S-1009, C.R.S. 24-34-107, ALL applicants for original licensure* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

**The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

Section A: LAWFUL PRESENCE in the United States

1. I am a U.S. citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
2. I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
3. I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)
 - a. I am a U.S. citizen, not physically present or employed in the United States.
 - b. I am a Foreign National, not physically present or employed in the United States.

Section B: SECURE AND VERIFIABLE DOCUMENTS
 Select ONE document in this section if you checked 1 or 2 in Section A.

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
<input type="checkbox"/> Driver's license or permit				
<input type="checkbox"/> Government issued ID card				
<input type="checkbox"/> Valid U.S. military ID/common access card				
<input type="checkbox"/> Colorado Department of Corrections inmate ID				
<input type="checkbox"/> Tribal ID card				
<input type="checkbox"/> U.S. passport				
<input type="checkbox"/> Certificate of Naturalization				

Section B: SECURE AND VERIFIABLE DOCUMENTS (continued)

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)	
<input type="checkbox"/> Certificate of (U.S.) Citizenship					
<input type="checkbox"/> Valid Temporary Resident card					
<input type="checkbox"/> Valid I-94 issued by Canadian government					
<input type="checkbox"/> Valid I-94 with refugee/asylum stamp					
<input type="checkbox"/> Valid I-766 (Employment Authorization Card)			Issuing federal agency:		
Name on card	Alien Number (A#)	Card Number	Valid from (mm/dd/yyyy)	Expires (mm/dd/yyyy)	
<input type="checkbox"/> Valid I-551 (Resident Alien or Permanent Resident Card)			Issuing federal agency:		
Name on card	Alien Number (A#)	Country of birth	Card expires (mm/dd/yyyy)	Resident since (mm/dd/yyyy)	
<input type="checkbox"/> Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94					
Issuing foreign country	Passport Number	Visa Number	Visa Class (ex.: J-1, P-1, H-1B, etc.)	Date of entry (mm/dd/yyyy)	Until date (mm/dd/yyyy)
<input type="checkbox"/> Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa					
Issuing foreign country:			Passport Number:		

Section C: ATTESTATION

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Print Full Legal Name

Signature (Full Name)

Date

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to State of Colorado.

Colorado Acupuncturist License Number: _____ **Date License Expired:** _____

PART 1—APPLICANT INFORMATION

Name: Last:	First:	Middle:	Suffix:
Previous Name(s):			
Social Security Number: *	Date of Birth (mm/dd/yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth (city and state, or foreign country):			
Mailing Address:	PO Box, Street:		
This is a <input type="checkbox"/> Home <input type="checkbox"/> Business	City, State, Zip:		
Daytime Telephone Number: ()	E-mail Address:		
	Preferred method for communication: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail		

PART 2—LICENSE INFORMATION

Since the date your license expired, have you been practicing as an Acupuncturist in the state of Colorado? YES NO

Since the date your Colorado license expired, have you been practicing as an Acupuncturist in another jurisdiction? YES NO

List below each jurisdiction in which you are or have ever been licensed, certified, or registered as an Acupuncturist (if needed, attach an additional sheet in the same format). If not applicable, enter N/A.

State/Country	License/Certification/Registration Number	Year license/certification/registration issued	Disciplinary action against license/certification/registration?	Is this license/certification/registration current/active?
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

*Social Security Number Disclosure: Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in Title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's Social Security Number. Disclosure of your Social Security Number is mandatory for purposes of establishing, modifying, or enforcing child support under Section 14-14-113 and Section 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by Section 26-13-107(3)(a)(l)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR Sections 61.1 et seq. Failure to provide your Social Security Number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your Social Security Number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your Social Security Number will not be released for any other purpose unless provided for by law.

PART 3—PROFESSIONAL LIABILITY INSURANCE

Attest to one of the following:

- I practice as a sole proprietor or general partnership, and maintain professional liability insurance of \$50,000 per incident and \$50,000 per year.
- I practice as a limited liability company or corporation, and maintain professional liability insurance of \$300,000 per incident and \$300,000 per year.
- I do not actively practice acupuncture in the state of Colorado. Pursuant to acupuncture policy 20-1, I am not subject to the professional liability insurance requirements. I understand that before I begin the active practice of acupuncture I must obtain the required professional liability insurance.

PART 4—COMPETENCY TO PRACTICE

If your license has been expired **more than two (2) years, but less than five (5) years**, from the date your reinstatement application is received in the Division, demonstrate competency to practice by:

- Verification of licensure in good standing from another state with proof of active practice in that state for two (2) years of the previous five (5) years from the application receipt date (use the attached *Verification of Active Practice* form); **OR**
- Documentation of completion of 30 hours of continuing education courses related to the practice of acupuncture during the two (2) years immediately preceding the application receipt date; **OR**
- Proof of active certification by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM); **OR**
- Any other means approved by the Director.

If your license has been expired **more than five (5) years** from the receipt date, demonstrate competency to practice by:

- Verification of licensure in good standing from another state with proof of active practice in that state for two (2) years of the previous five (5) years from the date of application receipt (use the attached *Verification of Active Practice* form); **OR**
- Proof of supervised practice for a period of no less than six (6) months subject to the terms established by the Director; **OR**
- Any other means approved by the Director.

PART 5—SCREENING QUESTIONS

You must provide the following for each “YES” response to the screening questions below:

- An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
 - Date(s) of event/offense
 - Description of event/offense
 - Location/court
 - Current status/outcome.

You may be required to provide the following:

- Copies of legal documents relating to the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are there any pending complaints against you in any other jurisdictions? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Has any license, certificate, or registration as an acupuncturist ever been subject to disciplinary action? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Have you ever committed or been convicted of a felony or entered a plea of guilty or <i>nolo contendere</i> to a felony? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

PART 5—SCREENING QUESTIONS (Continued)

- 4. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as an acupuncturist safely and competently? YES NO

- 5. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as an acupuncturist safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder? YES NO

- 6. Do you have a communicable, infectious, or contagious disease of such a serious nature as to render you unable to treat patients with reasonable skill and safety, or which may endanger a patient's health or safety? YES NO

ATTESTATION

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Applicant Signature

Date

VERIFICATION OF ACUPUNCTURE PRACTICE

This is to certify that _____ was actively practicing acupuncture from
Applicant Last, First, Middle Name
_____ to _____ for _____ hours per week.
(mm/dd/yyyy) (mm/dd/yyyy)

Employer Signature:

Date:

Employer Name:
(print)

Employer Title/Position:

Employer Address: Street and Number:
City, State, Zip:

Employer Telephone: ()

**Return the completed form to the applicant to be submitted to Division of Registrations, Office of Licensing—
Acupuncture, 1560 Broadway, Suite 1350, Denver CO 80202.**

MANDATORY DISCLOSURE CHECKLIST REQUIREMENTS

All items on this checklist must be included on the mandatory disclosure form provided to your patients.

- Your name, business address, and business phone number.
- Your fee schedule.
- A listing of your education, experience, degrees, memberships in professional organizations, certificates or credentials related to acupuncture awarded by such organizations, length of time required to obtain said degrees or credentials, and work experience.
- A list of any license, certificate, or registration in acupuncture or any other health care profession which was issued to you by any local, state, or national health care agency, including whether any such license, certificate, or registration was suspended or revoked.
- A statement that you are complying with all rules and regulations promulgated by the Colorado Department of Public Health and Environment, including those related to the proper cleaning and sterilization of needles used in the practice of acupuncture and the sanitation of acupuncture offices.
- A statement indicating that the practice of acupuncture is regulated by the Colorado Department of Regulatory Agencies including the address and phone number of the Director of the Division of Registrations in the Department of Regulatory Agencies. The Director's address and telephone number is:

Director of Registrations
Acupuncturist Licensure
1560 Broadway, Suite 1350
Denver, CO 80202
(303) 894-7800
- A statement that the patient is entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy, if known.
- A statement that the patient may seek a second opinion from another health care professional or may terminate therapy at any time.
- A statement that in a professional relationship, sexual intimacy is never appropriate and should be immediately reported to the Director of the Division of Registrations in the Department of Regulatory Agencies.
- A statement indicating your training and experience in the recommendation and application of adjunctive therapies and herbs as defined by traditional oriental medical concepts.
- A space on the form for the patient's signature, and date of signature.