



**Secretary of State
Office of Professional Regulation**

VERIFICATION OF LICENSURE

Applicant completes the top section of this form and the state or jurisdiction of **original licensure** and your **most current** state or jurisdiction of licensure completes the bottom portion. This form must be submitted director to the office by the state.

Licensed as a:	Date of Birth:
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Applicant Full Legal Name:

First Name	MI	Last Name & Title (Jr., Sr., II, III, etc.)	Former/Maiden

Business Entity Name

Mailing Address:	P.O. Box Street/Apt #	
	City/State/Zip	
	Country	

I hereby authorize the License Agency to furnish to the Vermont Office of Professional Regulation the information requested below.

Signature _____ Date: _____

Information Below to Be Completed by the Licensing Agency:

License #		Date Issued:		Date Expired:	
Licensed as a:				State of Licensure:	
Licensed By:	Examination/Education	License Status:	Active		
	Endorsement/Reciprocity		Inactive/Expired		
	Registration/Waiver		Lapsed/Other:		
Has this license ever been encumbered in anyway (revoked, suspended, limited, surrendered, restricted, placed on probation)? <i>If yes, attach a copy of the decision.</i>					YES NO

Signature of person completing form:	Date:

<p align="center">STATE LICENSING AUTHORITY: Mail to</p> <p align="center">Vermont Secretary of State Office of Professional Regulation 89 Main Street, 3rd Floor Montpelier, VT 05620-3402 Attn: (Profession Specific)</p>	<p>(OFFICIAL SEAL)</p>
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**ACUPUNCTURIST
VERIFICATION OF LICENSURE**

Complete the applicant section of this form and have every state in which you now hold or have ever held a license/certification to practice complete this page.

Do you require that an applicant have completed a program in Acupuncture and Oriental Medicine?	YES	NO
Do you require that the training received in the program be for a period of not less than three years?	YES	NO
Must the program include a minimum of 800 hours of supervised clinical practice?	YES	NO
Do you require that an applicant have completed a training program which shall include earning minimum of 40 points earned in any one of the following categories or combination of categories?	YES	NO
Self-directed study – 10 points for study equivalent to one year or full-time academic work in Acupuncture and Oriental Medicine, for a maximum of two years or 20 Points?	YES	NO
Apprenticeship – 10 points for each 1,000 documented contact hours, up to a maximum of 13.5 points per years?	YES	NO
Completed academic work – five points for each six-month period of completed academic study in the field of Acupuncture and Oriental Medicine, up to a maximum of four periods of 20 points?	YES	NO
Do you require that an applicant have successfully completed the “Clean Needle Technique” course offered by the Council of College of Acupuncture and Oriental Medicine (CCAOM)?	YES	NO
After June 2004 do you require passage of the NCCAOM new modular examination format: Foundations of Oriental Medicine Module; Acupuncture with Point Location Module; and Biomedicine Module?	YES	NO
After January 1, 2007 do you require passage of the NCCAOM examination in Chinese herbology for those whose practice includes nonprescription remedies and herbal remedies?	YES	NO

SEAL

(Signature of Authorized Officer)

(Date)