



New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
BOARD OF ACUPUNCTURE AND ORIENTAL MEDICINE

PO Box 25101 ▪ Santa Fe, New Mexico 87504
 Phone (505) 476-4622 ▪ Fax (505) 476-4545
http://www.rld.state.nm.us/boards/Acupuncture_and_Oriental_Medicine.aspx

DOCTOR OF ORIENTAL MEDICINE APPLICATION

ATTACH Passport
Quality Photo Here

WRITE NAME
ON BACK OF
PHOTO

I am applying for (check one):

INITIAL APPLICATION - **\$525.00 FEE**

****ALL FEES ARE NON-REFUNDABLE. ****

****ALL LICENSING INFORMATION IS PUBLIC INFORMATION****

THIS IS A FILLABLE FORM. Use your computer to enter information or print legibly.

PERSONAL INFORMATION:			
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
NAME AS YOU WOULD LIKE IT TO APPEAR ON OFFICIAL LICENSE OR CERTIFICATE			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	
PERSONAL PHONE	BUSINESS PHONE		
EMAIL	<input type="checkbox"/> PERSONAL OR <input type="checkbox"/> BUSINESS		
DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY NUMBER	
BUSINESS INFORMATION:			
BUSINESS NAME (if applicable)			
BUSINESS ADDRESS (if applicable)			
CITY	STATE	ZIP CODE	
PREFERRED MAILING ADDRESS: <input type="checkbox"/> PERSONAL OR <input type="checkbox"/> BUSINESS			
BCD USE ONLY:			
RECEIVED ON:	PROCESSED BY:	RECEIPT NO:	
AMOUNT:	CHECK/MO #		

**Board of Acupuncture and Oriental Medicine
APPLICATION FOR DOCTOR OF ORIENTAL MEDICINE**

LICENSURE INFORMATION: List all states or countries in which you are or have been licensed, regardless of current status (attach additional pages if necessary):

Previous New Mexico Doctor of Oriental Medicine License Number:

STATE/COUNTRY	OBTAINED BY EXAM/CREDENTIALS/ RECIPROCIITY	LICENSE NUMBER	FIRST INITIAL ISSUE DATE	LICENSE STATUS	EXPIRATION DATE

List where you have practiced Acupuncture or Oriental Medicine in areas or states not requiring licensing, certification, registration or legal recognition: (attach additional pages if necessary)

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PROFESSIONAL EDUCATION: Education must be listed below; Official Transcripts must be sent directly to the board office from the educational institution attended.

NOTE: If you did NOT graduate from one of the approved education programs listed on our website, you must submit or have your educational program submit an **Application for Approval of Educational Program**. Only after your educational program is approved will you be considered to take the clinical examination.

Check one of the following (only one will apply to your application)

I am graduating or have graduated from the following approved education program.
Name of Approved Educational Program: _____

I have not graduated from an approved education program. I have or will submit the following educational program for a Single Instance Approval:
Name of Educational Program: _____

NAME OF APPROVED EDUCATIONAL PROGRAM	INSTITUTE ADDRESS	INSTITUTE PHONE NO.	INSTITUTE EMAIL

DATES ATTENDED	NAME OF ACEDEMIC DEAN	TYPE OF DEGREE	DATE AWARDED

NAME OF SINGLE INSTANCE EDUCATIONAL PROGRAM	INSTITUTE ADDRESS	INSTITUTE PHONE NO.	INSTITUTE EMAIL

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DATES ATTENDED	NAME OF ACEDEMIC DEAN	TYPE OF DEGREE	DATE AWARDED

PROFESSIONAL EXAMINATIONS: Passing the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) Examination/Module Requirements. Passing the NCCAOM examination are not required to take the New Mexico Practical and Clinical Exam. They are however, required to complete the licensure process. A passing score as determined by the NCCAOM on each of the following examinations:

- NCCAOM Foundations of Oriental Medicine Module
- NCCAOM Acupuncture Module
- NCCAOM Chinese Herbology Module

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<ul style="list-style-type: none"> • NCCAOM Biomedicine Module and • NCCAOM Point Location Module. <p>Please check one of the following:</p>				
1.	I have taken and pass the NCCAOM Oriental Medicine, Acupuncture, Chinese Herbology, Biomedicine and Point Location exam and scores have been mailed directly to the board office.	YES	NO	
2.	I am currently scheduled to take the NCCAOM modules exams as follows:	YES	NO	
	Module			Date Examination Scheduled
	Foundations of Oriental Medicine Module			
	Acupuncture Module			
	Chinese Herbology Module			
	Biomedicine Module			
3.	I will submit NCCAOM examination scores within one year of the date of this application according to 16.2.3.11 NMAC of the Board's rules.	YES	NO	

QUESTIONS: Read the following carefully, **Circle Yes or No.** "Yes" answers for questions 2 thru 13 require an explanation and a copy of the final judgment order (if applicable).

1.	Have you ever used another name under which records relating to your application, education, training or experience may be filed? Enter other names(s) used: _____	YES	NO
2.	Have you ever received a deferred prosecution or judgment or been convicted of, or pled guilty or nolo contendere to a felony or misdemeanor (not including traffic violations) in any state, territory or district of the United States or a foreign country?	YES	NO
3.	Has any disciplinary action ever been started against you related to the practice of acupuncture and oriental medicine, or related to another profession including other health care professions? (Note: disciplinary action includes but is not limited to suspension, probation, practice limitations, reprimand, letter admonition, censure, and any allegations currently pending.)	YES	NO
4.	Have you ever been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid in your behalf, or paid such a claim yourself?	YES	NO
5.	Have you ever voluntarily surrendered a license or certification in any state, foreign country, territory, or institution?	YES	NO
6.	Are you currently in full compliance with all related child support orders, judgments, subpoenas and warrants?	YES	NO
7.	Have you ever resigned from practice, withdrawn a license, or surrendered a license, certificate or registration, during the pendency of disciplinary proceedings, or investigation for potential disciplinary proceedings?	YES	NO
8.	I understand that if this Application for Licensure is approved, I will be eligible to sit for the New Mexico Board of Acupuncture and oriental medicine Practical & Clinical exam and the Jurisprudence Exam after paying the examination fee. I also understand that if this Application for Licensure is approved, and I pass the Practical and Clinical Exam and the Jurisprudence Exam. I will have completed the requirements for licensure as a Doctor of Oriental Medicine in New Mexico. I am responsible for and agree to carefully read, understand and follow the Practical and Clinical Exam Instructions.	YES	NO
9.	I hereby authorize all individuals, institutions, organizations, governmental agencies and jurisdictions (local, state, federal or foreign) to release to the New Mexico Board of Acupuncture and Oriental Medicine, any information, files or records requested by the Board in connection with the processing of this Application for Licensure.	YES	NO

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AFFIDAVIT AND NOTARIZATION:

I hereby certify that this application of Licensure is true and complete affidavit containing no willful misrepresentation. I also understand that if I provide the board of Acupuncture and Oriental Medicine with false information on the Application for Licensure or on any supporting documentation to the application or make a false statement to the Board, I may be subject to disciplinary action, including denial, suspension or revocation of licensure.

Signature of Applicant

Date

State of _____
County of _____

BEFORE ME on this _____ day of this _____ month, 20____ personally appeared the above names applicant who, being by me duly sworn upon oath, states that all statements and answers contained in this application are true and correct.

STATE SEAL

Notary Public

My Commission Expires

Signature of Applicant

Date

**Board of Acupuncture and Oriental Medicine
APPLICATION FOR DOCTOR OF ORIENTAL MEDICINE**

Board of Acupuncture and Oriental Medicine		Attach Passport photo here (2x2) Print Name on bottom right hand corner (use ink)
Practical & Clinical Exam Information Page (Use reverse side as needed):		
Photograph of Applicant		
<ul style="list-style-type: none"> • Photograph must be an official U.S. Passport Photograph (2x2) • Photograph must have been taken within six months of this application • Please CLEARLY print name (use INK) across the bottom right corner of the photograph 		
Last Name:	First Name:	M.I.
Email address: (Examination entrance card will be sent to this email address)		Best phone # to reach you quickly:
Alternate name(s) that you use or that may appear on documents:		
List all Oriental Medical schools or apprenticeships attended and date of final graduation:		
List the acupuncture/oriental medicine styles or systems you practice (i.e. TCM, Japanese Meridian, Kototama, Korean Hand, Worsley, etc.)		
List the New Mexico DOMs (present or past) who have been your instructors and/or clinical supervisors either at a school, in a workshop, or in an externship/clinical setting:		
List all the New Mexico DOMs with whom you have/have had a personal relationship (not listed above):		
All information on the page is accurate and complete.		
Applicants Signature: _____ Date: _____ <small align="center">Please read the NMBAOM Clinical Examination "General Information" and "Tips and Suggestions" carefully</small>		