

# REQUIRED DOCUMENTATION CHECKLIST

Revised 06/2024











## Acupuncturist Application

Your application will be assessed by Board staff, who will determine requirements specific to your application. Check your Online Status Report at <https://omb.oregon.gov/login> to track your outstanding items.



May be submitted online

THE FOLLOWING ITEMS ARE TO BE SENT FROM YOU, THE APPLICANT, TO THE OREGON MEDICAL BOARD.

	PROVIDE TO OMB	INFORMATION YOU NEED TO KNOW
<input type="checkbox"/>	 Copy of Birth Certificate	<b>Copy accepted</b> Must show on copy either <b>Health Division</b> or <b>Vital Statistics</b>
<input type="checkbox"/>	 A photocopy of your Acupuncture school diploma	
<input type="checkbox"/>	 Photograph	Taken within the last 3 months, color
<input type="checkbox"/>	 Medical Practice Act open book examination on laws.	Must be signed and dated
<input type="checkbox"/>	 Name change documents due to marriage, divorce, legal name change, etc.	If name is different from Birth Certificate If naturalized citizen, Naturalization Affidavit must be notarized original and cannot be emailed or faxed
<input type="checkbox"/>	 Personal History explanations	For affirmative answers where sufficient explanation was not provided online
<input type="checkbox"/>	 Translations of documents	If original document is in a foreign language
<input type="checkbox"/>	 Documentation of ACAOM western science coursework	For <b>non-accredited</b> school graduates Use <i>ACAOM Western Science Documentation Form</i>
<input type="checkbox"/>	Notarized copies of appointment books, patient charts, and financial records	For <b>non-accredited</b> school graduates Documenting licensed US practice during 5 of 7 years immediately prior to application submission

**THE FOLLOWING ITEMS ARE TO BE SENT DIRECTLY FROM PRIMARY SOURCE TO THE OREGON MEDICAL BOARD. The Applicant must request that the source send directly to the Board. See the [Forms](#) page.**

	<b>PROVIDE TO OMB</b>	<b>INFORMATION YOU NEED TO KNOW</b>
<input type="checkbox"/>	State and Nationwide Criminal Records Check	See <a href="http://www.oregon.gov/omb/licensing/Pages/Fingerprint-Requirements.aspx">www.oregon.gov/omb/licensing/Pages/Fingerprint-Requirements.aspx</a> for more information and to schedule your appointment
<input type="checkbox"/>	Verification of Education form	From the Dean of your Acupuncture program
<input type="checkbox"/>	Verification of current NCCAOM certification	From the NCCAOM
<input type="checkbox"/>	Employment verification(s)	All health-related employment past 5 years For self-employment, 3 letters of reference sent <b><u>directly</u></b> from colleagues in the local treatment community who have known you for at least 6 months
<input type="checkbox"/>	State/Province License verification(s)	If licensed in any state/province for health-related professions
<input type="checkbox"/>	Personal History documentation	For affirmative answers as requested by the Board
<input type="checkbox"/>	Verification of English proficiency examination scores	If NCCAOM exam taken in language other than English or NCCAOM certification received by Document Credentials Review
<input type="checkbox"/>	Transcripts from schools listed on <i>ACAOM Western Science Documentation Form</i>	For <b><u>non-accredited</u></b> school graduates
<input type="checkbox"/>	Two (2) Acupuncture Clinical Affidavit forms	For <b><u>non-accredited</u></b> school graduates Verifying US practice with 500 patient visits/year during 5 of 7 years immediately prior to application submission

**Send Information to:**

Oregon Medical Board  
1500 SW 1<sup>st</sup> Ave Suite 620  
Portland, Oregon 97201

You may also send your documents to the Board using our  
Secure Upload Portal at <https://omb.oregon.gov/upload>