

APPLICATION FOR ACUPUNCTURE TRAINEE PERMIT

INSTRUCTIONS

The Board will consider only those properly completed applications that are received at least thirty (30) days prior to the regularly scheduled meeting of the Board.

NOTE: ANY PRACTICE OR SOLICITATION OF ACUPUNCTURE IN IDAHO PRIOR TO OBTAINING A VALID LICENSE OR CERTIFICATE IS UNLAWFUL AND MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF LICENSURE. (§54-4703. & §54-4713., I.C.)

Please read all questions carefully. Some questions, if answered Yes, require additional documentation. You are required to contact the source of the required documentation and request that said documentation be submitted directly to the Board office at the address provided below. If the source will not provide the documentation, or the documentation is otherwise unobtainable, you must submit a written explanation and any documents in your possession that would assist the Board in reviewing your application.

***As a reminder, before your trainee permit application will be considered by the Board, this office must receive a complete application, the supporting documentation as maybe requested, along with proper payment of fees.**

APPLICATION FEE \$50.00
+
TRAINEE PERMIT FEE \$150.00
=
TOTAL \$200.00

Personal check, cashier's check, or money order payments may be made payable to:
The Bureau of Occupational Licenses (IBOL)

All returned checks are subject to a \$20.00 fee.

Questions regarding this application may be addressed to:

BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, P.O. Box 83720
Boise, Idaho 83720-0063
E-mail - acu@ibol.idaho.gov
Web site – www.ibol.idaho.gov

Please note: At the end of training, applicants need to submit the following:

- 1. Documentation of 25 case studies**
- 2. A signed supervisor letter detailing the training**

STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, P.O. Box 83720
Boise, Idaho 83720-0063

APPLICATION FOR AN ACUPUNCTURE TRAINEE PERMIT

(see instructions)

I hereby submit my qualifications and make application for an Acupuncture Trainee Permit to practice Acupuncture in the State of Idaho under the provisions of Title 54, Chapter 47, Idaho Code as amended and provide the following:

1. Full Name (Mr., Mrs., or Ms.) _____

2. Address of Record _____
(The above address is public record) Street City State Zip

3. Mailing Address _____
(Will be used as address of record if none provided above) Street/PO Box City State Zip

4. Date of Birth ____/____/____ **Place of Birth** _____ **Social Security No.** ____/____/____
month day year

5. Business phone (____) _____ **Home phone** (____) _____ **E-mail** _____
(The above phone number is public record)

6. Have you ever had any healthcare license, certification, or permit revoked, suspended or otherwise sanctioned?
(If yes, a copy of the charges and the final order must be received by the Board before your application will be processed.) [] Yes [] No

7. Have you ever been convicted of any State or Federal felony? [] Yes [] No
(If yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.)

8. I am applying for a trainee permit based upon meeting the following:
____ **I am currently enrolled in an Approved Acupuncture Program and actively pursuing completion of the program.**

____ **I possess a doctoral degree in chiropractic, dentistry, podiatric medicine, or naturopathic medicine from a college or university accredited by an organization approved by the U.S. Department of Education or Idaho State Board of Education and have completed the one hundred (100) hours of didactic course work.**
(Official documentation must be received by the Board directly from the issuing authority)

AFFIDAVIT

I certify under oath that:

- a) this application and any accompanying addendum or other attachment is submitted to the Idaho State Board of Acupuncture to request that I be granted a trainee permit to practice acupuncture in the State of Idaho; and
- b) the Idaho State Board of Acupuncture may use such application, addendum or attachment to assess my qualifications to be granted the requested permit; and
- c) if the requested permit is granted I agree to at all times conform to the laws of the State of Idaho and rules of the Idaho State Board of Acupuncture and that any violation thereof by me shall be cause for suspension, cancellation or revocation of the permit; and
- d) I hereby authorize and direct any person, agency, firm or other entity to release any information, communication, report, record, statement, disclosure or recommendation that may have bearing on my eligibility for or maintenance of the permit for which I am applying to any authorized representative of the Idaho Bureau of Occupational Licenses upon request; and
- e) I hereby authorize the Idaho Bureau of Occupational Licenses to release to any regulatory entity in any jurisdiction any information requested about me that may be otherwise protected or confidential that may have bearing on my eligibility for or maintenance of any permit or license issued subsequent to this application; and
- f) every statement made and all information presented in this application and any addendum or other attachment submitted herewith is true and correct.

Signature of Applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this ____ day of _____, 20 ____.

(seal)

Notary Public Official Signature
My Commission Expires _____

ACUPUNCTURE TRAINEE PERMIT
APPLICATION ADDENDUM

(continued)

A. CHARACTER REFERENCES: Please provide the names, addresses, and phone numbers of three (3) character references below.

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B. ACUPUNCTURE TRAINING AND EXPERIENCE: Please provide your academic and other training and/or experience in health care, to date, as required by I.C. 54-4708(2).

NAME OF BUSINESS or ACADEMIC INSTITUTION _____

ADDRESS OF BUSINESS _____

CONTACT NAME _____ PHONE NO. _____

DATES OF EXPERIENCE FROM: _____ TO: _____

NARRATIVE OUTLINING SCOPE OF TRAINING OR EXPERIENCE: _____

NAME OF BUSINESS or ACADEMIC INSTITUTION _____

ADDRESS OF BUSINESS _____

CONTACT NAME _____ PHONE NO. _____

DATES OF EXPERIENCE FROM: _____ TO: _____

NARRATIVE OUTLINING SCOPE OF TRAINING OR EXPERIENCE: _____

NAME OF BUSINESS or ACADEMIC INSTITUTION _____

ADDRESS OF BUSINESS _____

CONTACT NAME _____ PHONE NO. _____

DATES OF EXPERIENCE FROM: _____ TO: _____

NARRATIVE OUTLINING SCOPE OF TRAINING OR EXPERIENCE: _____

(If more space is needed, attach a separate sheet of paper)

(continued)

ACUPUNCTURE TRAINEE PERMIT
APPLICATION ADDENDUM

(continued)

C. **PHOTOGRAPH:** Please attach an original passport style photograph of yourself below.

ATTACH PHOTOGRAPH HERE	HEIGHT _____
	WEIGHT _____
	EYE COLOR _____
	HAIR COLOR _____
	OTHER DISTINGUISHING FEATURES _____ _____

D. **CURRENT LICENSES AND CERTIFICATIONS:** Please list below any licenses, certifications, or other regulatory credentials ever held, including current status (active, inactive, suspended, revoked, otherwise sanctioned, etc.)

LICENSURE/CERTIFICATION TITLE _____

ISSUING ENTITY _____

DATE ISSUED _____ CURRENT STATUS _____ EXPIRATION DATE _____

IF EVER SANCTIONED, LIST REASON AND SANCTION DISCRPTION _____

LICENSURE/CERTIFICATION TITLE _____

ISSUING ENTITY _____

DATE ISSUED _____ CURRENT STATUS _____ EXPIRATION DATE _____

IF EVER SANCTIONED, LIST REASON AND SANCTION DISCRPTION _____

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(If more space is needed, attach a separate sheet of paper)

(continued)

IDAHO BOARD OF ACUPUNCTURE

Open Book Jurisprudence Examination

Attached is the Idaho Board of Acupuncture Open Book Jurisprudence Examination.

Please print your name in the upper right corner of each page of the examination. Follow the instructions on the next page and be sure to answer each question.

This examination must be completed in full and submitted with your completed application for licensure or certification as an Acupuncturist. Applications received without the Jurisprudence Examination will be returned to you. You can access Idaho's laws and rules on our website at www.ibol.idaho.gov

If you have questions regarding the application or examination, please contact the Bureau of Occupational Licenses by e-mail at acu@ibol.idaho.gov.

IDAHO BOARD OF ACUPUNCTURE

Open Book Jurisprudence Examination

CAREFULLY READ EACH NUMBERED STATEMENT. BELOW EACH STATEMENT CLEARLY MARK THE WORD OR PHRASE THAT MOST CORRECTLY COMPLETES OR RESPONDS TO THE STATEMENT. RETURN THE COMPLETED EXAMINATION WITH YOUR APPLICATION.

1. In the state of Idaho, the “practice of acupuncture” includes:
 - a. insertion of acupuncture needles.
 - b. application of moxibustion.
 - c. stimulation of specific acupuncture points.
 - d. all of the above

2. The Board of Acupuncture may refuse to renew a license if the holder has:
 - a. failed to maintain the confidentiality of client records.
 - b. been charged with a misdemeanor.
 - c. misspelled “acupuncture” in a public sign.
 - d. Practiced on animals.

3. A license to practice acupuncture in Idaho shall be renewed:
 - a. every two years.
 - b. annually.
 - c. every three years.
 - d. never.

4. A person who has been issued an Idaho license to practice acupuncture may use the title:
 - a. certified taxidermist.
 - b. medical acupuncturist.
 - c. doctor of acupuncture.
 - d. licensed acupuncturist.

5. An adjunctive therapy to the practice of acupuncture is:
 - a. surgery.
 - b. dispensing prescription drugs.
 - c. herbal and nutritional treatments.
 - d. chiropractic.

6. Since what date has the practice of acupuncture been licensed or certified in Idaho?
 - a. January 1980
 - b. March 1950
 - c. July 1999
 - d. September 1896

7. An applicant for Idaho certification or licensure must document:
 - a. possession of a valid Idaho driver’s license.
 - b. passage of an examination or other demonstration of proficiency.
 - c. treatment on no less than 100 patients.
 - d. citizenship in the United States.

IDAHO BOARD OF ACUPUNCTURE**Open Book Jurisprudence Examination**

8. Applicants for license renewal must verify completion of
 - a. 10 hours of continuing education.
 - b. 15 hours of continuing education.
 - c. 20 hours of continuing education.
 - d. 0 hours of continuing education.

9. The five member board of acupuncture shall hold meetings at least:
 - a. monthly.
 - b. quarterly .
 - c. bi-annually.
 - d. annually.

10. The board of acupuncture may suspend or revoke a license or certificate for:
 - a. engaging in any conduct that constitutes an abuse or exploitation of a client arising out of the trust and confidence placed in the acupuncturist by the client.
 - b. conviction of a felonious act, or crime of moral turpitude.
 - c. endangering the health of any person by engaging in the practice of acupuncture in a manner which does not meet the generally accepted standards in the state of Idaho.
 - d. all of the above.

11. The practice of acupuncture, as outlined in Idaho Code, is defined as being:
 - a. limited to insertion of needles.
 - b. includes insertion of needles, moxibustion, and similar therapies.
 - c. includes any aspect of treatment as practiced in China.
 - d. none of the above

12. The purpose of licensing the practice of acupuncture is:
 - a. to promote the practice.
 - b. to encourage the public to try alternative therapies.
 - c. To protect the health, safety and welfare of the public.
 - d. to authorize insurance billing.

13. The members of the Idaho State Board of Acupuncture are:
 - a. hired by the Bureau of Occupational Licenses.
 - b. appointed by the Board of Medicine.
 - c. appointed by the Governor.
 - d. elected by the licensees.

14. Anyone who is convicted of violating any provision of the licensure law is:
 - a. guilty of malpractice.
 - b. guilty of a felony.
 - c. required to pay a fine.
 - d. guilty of a misdemeanor.

IDAHO BOARD OF ACUPUNCTURE**Open Book Jurisprudence Examination**

15. Persons licensed or certified as acupuncturists may not:
- practice surgery.
 - use herbal or nutritional treatments.
 - apply electromagnetic therapies
 - all of the above.
16. The Board of Acupuncture shall consist of 3 licensed acupuncturists and:
- 1 attorney and 1 chiropractor.
 - 1 doctor and 1 nurse.
 - 1 member of the public and 1 certified acupuncturist.
 - 1 chiropractor and 1 lay member.
17. The Board of Acupuncture has the power to:
- determine the qualifications for licensure.
 - establish necessary rules.
 - hold disciplinary hearings.
 - all of the above.
18. In order to become a licensed acupuncturist in Idaho, persons licensed in another state:
- must relinquish the other state's license.
 - must provide proof of advanced education.
 - must first submit an application to the Board.
 - must have been licensed for at least 5 years.
19. The Board may seek an injunction against any person who:
- does not have a license.
 - fails to maintain a licensed office.
 - Practices acupuncture in violation of any provision of the acupuncture act.
 - does not support the views of the Board.
20. Renewal applications are subject to a CEU audit:
- only if the application is late
 - every other year
 - every year
 - never
21. CEU coursework must be completed:
- before sending in the renewal application
 - before the renewal deadline
 - within a year after the renewal deadline
 - both a. and b.

IDAHO BOARD OF ACUPUNCTURE

Open Book Jurisprudence Examination

22. According to the state licensure rules, continuing education coursework must be
- germane to the practice of acupuncture as approved by the Board
 - germane to the practice of acupuncture and approved by NCCAOM
 - germane to the practice of acupuncture and offered by an accredited school of acupuncture and oriental medicine
 - any of the above
23. If an acupuncturist is unsure whether or not a course will qualify for CEU they should:
- go to the class and just submit the attendance certificate
 - request written approval from the Board
 - call the acupuncture liaison at the IBOL
 - not attend the class
24. Extra Continuing Education credits can be carried over for:
- they can't be carried over
 - one year only
 - two years only
 - as long as they are needed