



## Oklahoma Acupuncture Association Application for Certification

### **Personal Information:**

Name \_\_\_\_\_

SS# \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street/Number City State Zip

Business Address \_\_\_\_\_  
Street/Number City State Zip

Telephone Number: \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

### **Website Directory Listing:**

\_\_\_\_\_ Official \_\_\_\_\_ Business \_\_\_\_\_ Do Not List

### **Route of Eligibility:**

\_\_\_\_\_  
\_\_\_\_\_

### **Formal Education:**

\_\_\_\_\_ Pre-graduate \_\_\_\_\_ Graduate \_\_\_\_\_ State License Holder \_\_\_\_\_ NCCAOM Certified  
\_\_\_\_\_ Other Certification

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**Professional Ethics and Fitness to Practice:**

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**Legal Status:** You must furnish additional information with this application if you answer “yes” to any of the following questions. This documentation must include your explanation of the charges or claims made against you, all legal documents related to the charges or claims and an account of how the charges or claims were resolved. If a case is still pending, please indicate that fact in your response. All information provided will be reviewed in accordance with OKAA policies.

1. Have you ever been a defendant in litigation related to the practice of a health-related profession?  
\_\_\_ Yes \_\_\_ No
2. Has a judgment ever been entered against you or have you been a party to a settlement in any legal proceeding relevant to the practice of a health-related profession? \_\_\_ Yes \_\_\_ No
3. Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No
4. Have you ever been convicted of any other crime relevant to the practice of a health-related profession? \_\_\_ Yes \_\_\_ No
5. Have you ever had any disciplinary or administrative action or order taken against you by any licensing board or health-related professional association or school? \_\_\_ Yes \_\_\_ No
6. Have you ever been denied or voluntarily surrendered a license to practice in any health-related profession? \_\_\_ Yes \_\_\_ No

**Health Status:**

If you answer yes to any of the following questions, you must furnish with your application information about any impairment from a healthcare professional who has treated you. This documentation must include a personal statement of the history and current status of any physical or psychological impairment or impairment due to substance abuse and an attestation that you are no longer impaired (or that you are currently under treatment for the impairment) and that the impairment, or treatment does not interfere with your ability to practice.

1. Has your physical or psychological health status interfered with your ability to practice a health-related profession or otherwise interrupted your professional or academic activities for more than three months? \_\_\_ Yes \_\_\_ No

2. Have you ever been, or are you currently impaired because of any substance abuse, including alcohol?     \_\_\_Yes\_\_\_No

*You are required to notify the OKAA within thirty days of any changes to the information you have supplied in this section on Professional ethics and Fitness to Practice.*

**List all Occupational/Professional Licenses or Certifications:** (list state/county of issue, license no., expiration date).

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**Professional Acupuncture History:**

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**Application Fee:** (non-refundable) \$125.00 Enclose check or money order only.

**Re-certification Fee:** The recertification fee is included in the yearly membership dues.

**Along with this application please submit:**

1. Two forms of identification (ID). One must be a current government-issued photo ID (e.g., driver's license, passport, military ID card, or state issued personal ID card). The other form of ID must bear your signature (e.g., Social Security card, credit card, student/employment/membership ID). The required photo ID may be verified against the photo submitted on your application. The name on the ID must match exactly the name on the application submitted for certification.
2. Official transcripts from any Schools/Colleges mailed directly to the OKAA. Copies of licenses or certificates in the healing arts.

3. One letter of recommendation from teachers or employers supporting this application.
4. Application fee of \$125.00 (non-refundable). *Receipt of your application does NOT guarantee your eligibility for Certification.*

**Attach Passport-sized Photo here:**

**Statement of Acknowledgment:** (Your signature must be notarized).

I hereby certify that the information I provided on this application and in any supporting documents is accurate, true, and correct to the best of my knowledge and belief. I acknowledge and agree to abide by and with the policies, procedures, and Code of Ethics promulgated and/or modified from time to time by OKAA. I agree to inform and release to OKAA and its designated agents all pertinent information about my qualifications or about other matters that may arise in connection with my application and/or my subsequent certification or re-certification by OKAA. I acknowledge and agree that my failure to comply, or to report any pertinent information regarding this application may result in my certification being revoked in accordance with OKAA policies and procedures and/or legal action, up to and including criminal prosecution. I acknowledge that application fees are non-refundable.

Applicant's Notarized Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Signature & Seal of Notary Public:

Send this application, supporting documents, fees, and Acknowledgment Form to:

John Yang, 1921 NW 23rd St., OKC, OK 73106