



Virginia Department of  
**Health Professions**  
Board of Medicine  
Advisory Board on Acupuncture

9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233-1463

Phone: (804) 367-4600  
Fax: (804) 527-4426

Email: [lac-medbd@dhp.virginia.gov](mailto:lac-medbd@dhp.virginia.gov)

## APPLICATION TO PRACTICE AS A LICENSED ACUPUNCTURIST

1. Familiarize yourself with the qualifications required for a full license by reviewing the [Laws and Regulations](#) governing the practice as a Licensed Acupuncturist in Virginia.
2. **Application fees are non-refundable. Your application is NOT processed until the fee is paid. Fees must be submitted with the online application.**
3. The application fee for a Licensed Acupuncturist license is \$130.00.
4. Applications EXPIRE 180-days from submission if they are not completed. You must ensure all required supporting documentation is submitted to the Board before the expiration date. If your application expires, you are required to start the process over by submitting a new application and paying the fee again.
5. [National Practitioner Data Bank \(NPDB\)](#) self-query reports expire within six (6) months of receipt and must be resubmitted if you do not complete your application within that timeframe.
6. When possible, submit your documents electronically. Some forms may be faxed to 804-527-4426 and are indicated as such. If you must mail your documents to the Board, you are encouraged to send them via FedEx or UPS so you can track their delivery. The Board is unable to track documents delivered via USPS.
7. For mailed applications, the Board does **not** accept supporting documents that are copied *after* they are notarized. Notarized supporting documents should be sent *directly from the program office or school to the Board* via mail or hand delivery.
8. Consistent with Virginia law and the mission of the Department of Health Professions, public addresses on file with the Board of Medicine are made available to the public. The Board address noted on your application may be different from the public address and is not released to the public. The Board of Medicine allows the Board address of record to be a Post Office Box or practice location.
9. The Board processes applications efficiently, but licensing time depends on external entities, so plan accordingly. Applicants must ensure all required documentation is sent to the Board.
10. **Do not begin practice prior to Board approval.** Submission of an application does not guarantee a license. A review of your application could result in the finding that you are not eligible pursuant to Virginia laws and regulations. Additional information may be requested after review by the Board.

## LICENSED ACUPUNCTURIST APPLICATION CHECKLIST

CHECK MARK	REQUIRED DOCUMENTATION	SUBMISSION METHOD
<b>1. APPLICATION AND FEE</b>		
<input type="checkbox"/>	<p>Complete the online application and submit it with the non-refundable application fee of \$130.</p> <ul style="list-style-type: none"> <li>Many application components require additional documentation, noted when applicable. Failure to provide necessary documentation impedes progress, and it is the applicant's responsibility to submit all required supporting documentation.</li> </ul>	ONLINE
<b>2. EMPLOYMENT CHRONOLOGY</b>		
<input type="checkbox"/>	<p>List your employment activities in chronological order within the application.</p> <ul style="list-style-type: none"> <li>This must include <b>all professional activities</b> for the five (5) years immediately preceding this application, or since graduation if it occurred less than 5 years ago. Include any internships, affiliations, observerships, additional training, and volunteer service, and any gaps in employment (e.g., taking time off for an extended vacation, sabbatical, or leave of absence, maternity, or paternity leave).</li> <li>If you are employed by a group practice or locum tenens/traveler company, please list all locations where you provided service or held privileges. If more space is needed to record your activities, use the <a href="#">supplemental form</a> and submit with your application.</li> </ul>	<p>ONLINE</p> <p>EMAIL, FAX, OR MAIL</p>
<b>3. PROFESSIONAL LICENSE VERIFICATION</b>		
<input type="checkbox"/>	<p>Request verification of your license.</p> <ul style="list-style-type: none"> <li>If you are a recent graduate without any prior licensure, there is no additional license to submit to the Board.</li> <li>Request verification of a license to practice acupuncture from a jurisdiction within the United States, its territories and possessions, or Canada.</li> <li>Contact the applicable jurisdiction where you were issued a license to practice acupuncture to request documentation be sent directly the Board via email to <a href="mailto:lac-medbd@dhp.virginia.gov">lac-medbd@dhp.virginia.gov</a>, fax to (804) 527- 4426, or mail to the address at the top of these instructions.</li> </ul>	EMAIL, FAX, OR MAIL SENT DIRECTLY FROM JURISDICTION
<b>4. EXAMINATION SCORES</b>		
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Contact the <a href="#">NCCAOM</a> to request evidence of passing the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) certification examination, and successful completion of the Clean Needle Technique (CNT) course be provided to the Board.</li> <li>This information must come directly from the NCCAOM.</li> </ul>	EMAIL, FAX, OR MAIL SENT DIRECTLY FROM NCCAOM
<b>5. PROFESSIONAL EDUCATION TRANSCRIPTS – US GRADUATE</b>		
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Transcripts of acupuncture training and education must be provided directly by the school and SHOULD NOT be faxed.</li> <li><b>If you are a U.S. graduate of an ACAHM approved program</b>, contact your school and have them send your transcripts to the Board.</li> <li>Transcripts can be sent directly by the school to the Board by email to <a href="mailto:Lac-Medbd@dhp.virginia.gov">Lac-Medbd@dhp.virginia.gov</a>, or by mail.</li> </ul>	EMAIL, FAX, OR MAIL SENT DIRECTLY FROM INSTITUTION

6. PROFESSIONAL EDUCATION TRANSCRIPTS – NON-US GRADUATE		
<input type="checkbox"/>	<ul style="list-style-type: none"> <li><b>If you are a graduate of a program that is not ACAHM approved</b>, have your educational course of study in acupuncture evaluated by a credential evaluation service approved by the Board. Any member of NACES (National Association of Credential Evaluation Services) that provides course-by-course evaluations is acceptable. If the evaluation service does not provide a copy of the original transcripts as well as an English translation as part of their report, the applicant will be required to have the documents translated into English and certified by a translating service or embassy of the issuing government.</li> </ul>	
7. NATIONAL PRACTITIONER DATA BANK (NPDB) SELF-QUERY		
<input type="checkbox"/>	<p>Complete the <a href="#">online NPDB self-query</a> form.</p> <ul style="list-style-type: none"> <li>If you are a new graduate with no licensure history, you do <b>not</b> need to send an NPDB self-query report to the Board.</li> <li>The Board accepts digitally certified electronic copies that can be emailed to <a href="mailto:LAC-Medbd@dhp.virginia.gov">LAC-Medbd@dhp.virginia.gov</a></li> <li>If you choose to have the NPDB report mailed to you instead, DO NOT OPEN IT when you receive it. Place the unopened NPDB report in an oversize envelope and forward it to the Virginia Board of Medicine.</li> </ul>	ONLINE AND SENT DIRECTLY FROM NPDB
8. TEST OF SPOKEN ENGLISH REQUIREMENTS – TOEFL/TSE		
<input type="checkbox"/>	<ul style="list-style-type: none"> <li><b>An applicant whose native language is not English <u>and</u> whose acupuncture education was also not in English</b> shall provide evidence of acceptable passing score of the Test of English as a Foreign Language (TOEFL) or Test of Spoken English (TSE) examination administered by the Educational Testing Services (ETS). This requirement may be waived pursuant to Virginia regulations <a href="#">18 VAC 85-110-90 B</a>.</li> </ul>	MAIL, FAX, OR EMAIL SENT DIRECTLY FROM ETS
9. NAME CHANGE		
<input type="checkbox"/>	Provide copies of documentation supporting any <a href="#">name changes</a> differing from your previous license.	EMAIL, FAX, OR MAIL

**END OF INSTRUCTIONS. PROCEED TO THE ONLINE [APPLICATION](#).**