



NCCAOM[®]

APPLICATION FOR RECERTIFICATION

76 S. Laura Street, Suite 1290
 Jacksonville, FL 32202
 904-598-1005
www.nccaom.org

*Please allow up to 8 weeks for processing.
 Diplomates are advised to mail the application
 using a tracking service to verify delivery to NCCAOM.*

NCCAOM ID #: _____

NCCAOM Recertification Due Date: _____

Step 1 Current Certifications`

I am renewing the NCCAOM Certification(s) checked below. If renewing multiple certifications, please submit one application.

- | | |
|---|---|
| <input type="checkbox"/> Dipl. O.M. (NCCAOM) [®] | <input type="checkbox"/> Dipl. C.H. (NCCAOM) [®] |
| <input type="checkbox"/> Dipl. Ac. (NCCAOM) [®] | <input type="checkbox"/> Dipl. ABT (NCCAOM) [®] |

Step 2 Recertification Application

Personal Information (Legal name as it appears on government issued documents)

Last Name (Family)	First	Middle
<input type="checkbox"/> Check here if you have had a name change since your last recertification. Attach the <i>NCCAOM[®] Name Change Request Form</i> including a photo ID & legal documentation.		
E-mail (Required)		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth (MM/DD/YY) _____/_____/_____
		Last Four Digits of Social Security #

Contact Information

Primary / Preferred Contact Information: All NCCAOM correspondence will be sent to this address.

Name of Business or Place of Employment (if applicable)		
Street Address		Unit/Suite
City	State	Zip
Country	Phone	Alternate Phone
For Internal Use Only		
Date:	Check/Money Order#:	Stamp 'Date Received at NCCAOM'
Amount Paid:	Staff Initials:	
Batch #:		

NCCAOM® Find a Practitioner Directory

This information will be published and made available to the public.

Check here if you do not want your information published on *NCCAOM® Find A Practitioner*

Name of Business or Place of Employment (if applicable)		
Website:		Email:
Street Address		Unit/Suite
City	State	Zip
Country	Phone	Alternate Phone

Professional Ethics and Fitness to Practice

NCCAOM® Code of Ethics:		
Have you read and understood the <i>NCCAOM® Grounds for Professional Discipline</i> ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Legal Status: Additional information is required if you answer “Yes” to any of the questions below. Documentation includes legal papers and an explanation related to the charges or claims, and an account of the resolution. Please indicate if the case is still pending. International applicants should seek advice on the equivalent terms and definitions for “felony” or misdemeanor”. All information will be reviewed in accordance with the NCCAOM policies.

Have you ever been convicted of any type of felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of any type of misdemeanor related to the practice of a health profession?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had any disciplinary or administrative actions taken against you by a licensing board or health-related professional association or school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been denied a license to practice in any health-related profession?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Health Status: Additional information is required if you answer “Yes” to any of the questions below. Documentation includes information from the treating healthcare professional outlining the history and current status of the physical or psychological impairment. If impairment is due to substance abuse, an attestation is required from the healthcare professional that you are no longer impaired or the treatment does not interfere with your ability to practice.

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 <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been, or are you currently impaired because of substance abuse including alcohol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Note: You are required to notify the NCCAOM within thirty (30) days of any changes to the information you have reported in this application. Failure to report a violation(s) of the *NCCAOM® Grounds for Professional Discipline* could result in denial of this application and/or disciplinary action.

Occupational and Professional Licenses

	State	License #	Expiration Date		State	License #	Expiration Date
Acupuncture				Massage			
Chiropractic				Naturopathy			
Nursing				P. T.			
MD/DO				Other			

Step 3 Review the Application

Step 4 Recertification Payment

Payment is non-refundable, due in U.S. dollars, and checks are to be made payable to NCCAOM.

Diplomate Status	
Active Diplomate	<input type="checkbox"/> OM \$255 each
	<input type="checkbox"/> Ac \$255 each
	<input type="checkbox"/> CH \$255 each
	<input type="checkbox"/> ABT \$255 each
Lapsed Status – First Year	<input type="checkbox"/> \$280 each
Lapsed Status – Second Year	<input type="checkbox"/> \$310 each
Lapsed Status – Third Year	<input type="checkbox"/> \$365 each
Optional Fees	
*Overlapping Conversion – Ac	<input type="checkbox"/> \$100
*Overlapping Conversion – CH	<input type="checkbox"/> \$100
Duplicate Wall-Mount Certificate NCCAOM Certification _____	<input type="checkbox"/> \$ 50

**Note:* The Overlapping option is for Diplomates who were initially certified in Acupuncture and/or Chinese Herbology. It is not an option for Diplomates who originally certified in Oriental Medicine.

Total Payment Enclosed: _____ Check Money Order

Effective July 1, 2016

For your protection, credit card payments will be accepted for online applications only.

For additional information on how to apply online,
please visit the NCCAOM website at <http://www.nccaom.org/applicants/>.

Step 5 Statement of Acknowledgement

I hereby certify that the information I provided on this application and in any supporting documents is accurate, true and correct. I have read and understood the *NCCAOM® Grounds for Professional Discipline* and agree to continue to abide by them and any changes hereafter made to them. I will report any state disciplinary actions or criminal matters of any kind that I may be involved in to the NCCAOM within thirty (30) days. I will inform and release to NCCAOM 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 recertification by NCCAOM. I acknowledge that I am prohibited from transmitting information about NCCAOM examination questions or content in any form to any person or entity and that my failure to comply with this prohibition, or my failure to report any information about suspected violations of such prohibitions or otherwise about any possible examination irregularities by myself or others, may result in my certification being revoked in accordance with NCCAOM policies and procedures and/or legal action, up to and including criminal prosecution. I acknowledge that application fees are non-refundable.

NCCAOM occasionally disseminates PDA professional opportunities to active Diplomates. The PDA approved events provide Diplomates with resources to fulfill their recertification requirements. By signing below, I agree to receive the PDA notices that NCCAOM forwards via email.

Diplomate Signature

Date

Step 6 Documentation of Continued Competencies and Professional Development

2016 NCCAOM® Recertification Requirements: **Sixty (60) PDAs points** or CEUs are required in a *four-year* NCCAOM recertification cycle. A **CPR certificate** is required and is considered a 'stand-alone' requirement with no PDA points awarded.

Mandatory: Core Competencies – PDA points are awarded for coursework completed in the categories listed below.

AOM – ABT - BIO	26 pts
Safety (SA)	2 pts
Ethics (ET)	2 pts

Need Help?

The Recertification staff is assigned based on the Diplomate's last name. Staff can be contacted at applications@thenccaom.org.

Optional: Professional Enhancement consists of coursework and activities that can be mixed to complete the 60 PDAs required for NCCAOM recertification. All 60 points may be earned in core competencies.

PE-CW Coursework: Live presentations or distance learning courses in treatment modalities that do not originate in Oriental or Western medicine (e.g., chakras, energy medicine, injection therapy, etc.).

PE-AT Approved Professional Activities

PDA/CEU Worksheet

Course Title (Attach course certificate or school transcript)	Date Completed	Recertification Category (AOM-ABT-BIO, SA, ET, PE-CW)	# PDAs CEUs
Professional Enhancement Activity (attach letter from sponsor)	Date Completed	# PDA Pts	

Attach a second sheet if needed to complete PDA documentation.

NCCAOM Recertification Check-Off Sheet

To assure your *NCCAOM® Application for Recertification* is complete, check the items below that are attached to this packet. Applications lacking documentation will delay the recertification process.

ACTIVE STATUS

PDA requirement – 60 points/hours

	Recertification Requirement	Points-Hours Required	Points-Hours Submitted
<input type="checkbox"/>	CPR Certificate	N/A	N/A
<input type="checkbox"/>	AOM – ABT – BIO Coursework	26 minimum	
<input type="checkbox"/>	Safety (SA) Course	2 minimum	
<input type="checkbox"/>	Ethics (ET) Course	2 minimum	
<input type="checkbox"/>	Coursework and/or Activities (optional)	Up to 30 pts Optional	
<input type="checkbox"/>	Recertification Payment	\$255	

LAPSED STATUS

<input type="checkbox"/>	I have documented the Active status requirements above		
		Extra PDA Pts	Extra Payment
<input type="checkbox"/>	Lapsed – 1 st year	15	\$25
<input type="checkbox"/>	Lapsed – 2 nd year	30	\$55
<input type="checkbox"/>	Lapsed – 3 rd year	45	\$110

**Total PDA Points attached to this
NCCAOM® Application for Recertification _____**

Reminder!

Check that your name and NCCAOM ID # are on each paper to assure the documents do not get separated. Faxed and emailed applications are not recommended. Mail the application, payment, and required documents to:

NCCAOM
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