

Oklahoma Acupuncture Association
Certification Application

Personal Information:

Name _____ SS# _____

Date of Birth _____ Place of Birth _____ Gender: M ___ F ___

Mailing Address _____ City _____ State _____

Business Address _____ City _____ State _____

Home Phone _____ Work _____ Cell _____

Website Directory Listing: ___ Official ___ Business ___ Do Not List

Route of Eligibility: _____

Formal Education: ___ Pre-Graduate ___ Graduate ___ State License

Professional Ethics and Fitness to Practice:

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 along with the case number. 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 judgement 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___npo
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 information about any impairment from a healthcare professional who has treated you along with this application. 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. This documentation must be mailed directly from the healthcare professional to the OKAA.

- 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 number and expiration date.

Application Fee: (non-refundable) \$125.00 Please enclose a check or money order only.

Re-certification Fee: Annual membership dues of \$50.00 will keep your certification current. If you allow your certification to lapse, you must re-apply and pay the full application fee of \$125.00.

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. SS 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 of the application submitted for certification.
2. Official Transcripts from any Schools/Colleges must be mailed directly to the OKAA.
3. Copies of licenses or certificates in the healing arts.
4. One letter of recommendation from teachers or employers supporting this application.
5. 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 the 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 recertification by the 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 the 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:
OKAA, 209 N. Muskogee, Tahlequah, OK 74464

