

REQUIREMENTS AND INSTRUCTIONS FOR FILING - ACUPUNCTURE INTERN PERMIT

Access this form via website at: www.hawaii.gov/dcca/pvl

APPLICATION FORM

Type or print legibly in black ink. Complete all items. Failure to provide all the requested information will delay the processing of your application.

FEE

Attach the \$50 application fee (non-refundable), made payable to: "COMMERCE AND CONSUMER AFFAIRS". Your application will not be processed without this fee.

Note: *One of the numerous legal requirements that you must meet in order for your new permit to be issued is the payment of fees as set forth in this application. You may be sent a certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required fee and your permit will not be valid, and you **may not** do business under that permit. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.*

If for any reason you are denied the permit you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a permit has been denied.

PROOF OF EDUCATION REQUIREMENT

Completion of at least three (3) semesters of instruction at an approved school.

Submit one of the following documents that verifies completion of at least three (3) semesters of instruction at an approved school:

- (1) Copy of diploma; or
- (2) Official transcript; or
- (3) Original letter from the dean or registrar of an approved school.

PERMIT APPROVAL

Upon approval, the permit will allow the applicant to engage in the practice of acupuncture under the immediate supervision of a duly licensed acupuncturist in a school setting or in another setting for a period of four (4) years.

An acupuncture intern permit may be reissued once, for a period not to exceed one year, upon written request to the Board and payment of \$50 application fee (non-refundable).

The permit will be mailed to the applicant showing the effective and expiration dates.

REPORT CHANGES

Report all changes to the information in your application immediately and in writing to the Board.

VERIFICATION OF YOUR CLINICAL TRAINING

Have the school report the hours of clinical training on the official school transcript.

ABANDONMENT OF APPLICATION

Your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the intern permit process for two consecutive years; provided that the failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit the required documents and other information requested by the licensing authority within two consecutive years from the last date the documents or other information were requested, or (2) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the intern permit process, including attempting to complete the examination requirement.

LAWS & RULES

To obtain a copy of the acupuncture laws (Chapter 436E, HRS) and rules (Title 16, Chapter 72, HAR), send a written request to: *Board of Acupuncture, Commerce & Consumer Affairs, P.O. Box 3469, Honolulu, HI 96801*. In addition, Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with the above statutes.

The laws and rules are also posted on our website at www.hawaii.gov/dcca/pvl. Click on "Acupuncture".

ADDRESS OF BOARD

Mailing address: Board of Acupuncture
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

Deliver to office location at:
or 335 Merchant St., Room 301
Honolulu, HI 96813

Status of your application: You may write, or call the Licensing Branch at (808) 586-3000.

Toll free voice access numbers for the neighbor islands:

Kauai - 274-3141 ext. 6-3000	Lanai - 1-800-468-4644 ext. 6-3000
Maui - 984-2400 ext. 6-3000	Molokai - 1-800-468-4644 ext. 6-3000
Hawaii - 974-4000 ext. 6-3000	

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000, to submit your request.

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
 BOARD OF ACUPUNCTURE
 P.O. Box 3469
 Honolulu, Hawaii 96801

APPLICATION FOR PERMIT – ACUPUNCTURE INTERN

Type or print legibly in **black ink**.

Legal Name (First, Middle)		(Last)	FOR OFFICIAL USE ONLY	Approved/denied	Date of Approval
Residence Address (Include apt. no., city, state, zip code) - REQUIRED				Effective	Expiration
Mailing Address (only if different from residence)				Permit No.	Mailed
Other names used:					
Social Security No.	Phone No. (days)				
Name of school under which training will occur		Name of Acupuncturist who will provide immediate supervision		License No. ACU-	

Circle answers & explain when needed:

- 1) Are you at least 18 years of age? YES NO
- 2) Are you a United States citizen, a United States national, or an alien authorized to work in the United States? YES NO
- 3) a) Do you hold or have you ever held an acupuncture license or permit in this or any other jurisdiction? YES NO
 If "yes" Jurisdiction _____
 License or Permit No. _____ Effective Date(s) _____
- (b) Was any license or permit ever revoked, suspended or otherwise subject to disciplinary action? YES NO
 If "yes" Date _____ Place _____
 Type of disciplinary action _____
- (c) Are you presently being investigated or is any disciplinary action presently pending against you? YES NO
 If "yes" Date _____ Place _____
 Type of disciplinary action _____
- 4) In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged? YES NO
 If "yes" Date _____ Place _____
 Type of conviction _____

Attach copies of court documents and/or records pertaining to conviction, or documents pertaining to disciplinary action if you answered "yes" to questions 3 and 4, above.

Affidavit of Applicant:

I hereby certify that all answers and statements contained in this application are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of permit (Sec. 436E-10 and 436B-19, Hawaii Revised Statutes), and/or grounds for criminal prosecution (Sec. 710-1017, Hawaii Revised Statutes).

 Signature of Applicant

 Date

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT. THIS SHALL RESULT IN A DELAY IN PROCESSING YOUR APPLICATION.

HAVE YOU REMEMBERED TO:

1. Sign your application; keep a copy for your file.
2. Attach your check made payable to COMMERCE AND CONSUMER AFFAIRS in the amount of \$50 (non-refundable application fee).
3. Attach documentation that you completed at least 3 semesters in acupuncture instruction at an approved school.

NOTE: Upon approval, your permit will be mailed to you showing the effective and expiration dates (4 years only). You must report, in writing, any changes to the above information.

Appl 024 \$50
 Service Fee BCF \$15

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