



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Medical Examiners

P.O. Box 11289 • Columbia, SC 29211

Phone: 803-896-4500 • Medboard@llr.sc.gov • Fax: 803-896-4515

www.llronline.com/POL/Medical/



SUMMARY OF REQUIREMENTS FOR ACUPUNCTURE PRACTICE

The Forms contained in this packet may not be mailed in with payment and processed as a regular application. They are specifically to be used with the online electronic application where payment is remitted online.

All credential types require the following:

- Submit completed application with non-refundable application fee of \$111 and all required documentation listed. You will have the opportunity to upload your required documentation at the end of the online application. This includes:
 - Copy of your valid Drivers License, State Issued ID, Passport or Military ID
 - Copy of your social security card
 - Notarized Signature Affidavit with a 2"x2" professional photo (Passport Photo)
 - Legal documentation for name change, if applicable
- **Verification of Licensure:** A verification of licensure form or state issued verification form must be received from all state boards in which you are currently or have previously been licensed in.
- **Interview and Temporary License:** When your application is complete, an interview is required with a member of the committee or a designated board member before a temporary license may be issued. At the next committee meeting the entire application will be considered, and if qualified, the committee may recommend to the board that a permanent license be issued. If the committee declines to recommend issuance of a permanent license, the committee may extend or withdraw the temporary license.

In addition to the above requirements:

Licensed Acupuncturist applicants need to:

- Request verification of your active certification in acupuncture from the National Commission for the Certification of Acupuncturists and Oriental Medicine (NCCAOM). The verification must be submitted by the NCCAOM.

Auricular Therapy applicants need to:

- Submit a copy of your certification as having been trained to utilize auricular points with your application;
- Submit proof of successful completion of a national certified program approved by the Acupuncture Advisory Committee and the State Board of Medical Examiners with your application;
- Submit the original signed Supervisor Form with your application. Auricular therapy may take place under the direct supervision of a licensed acupuncturist or a person licensed to practice medicine.
- Request the provider of the course to submit proof of successful completion of a nationally recognized clean needle technique course.

Note: Treatment by an auricular therapist is strictly limited to inserting needles into the ear. Inserting needles anywhere else on the body is considered practicing acupuncture without a license.

Auricular Detoxification Therapy need to:

- Submit proof of successful completion of a nationally recognized training program in auricular detoxification therapy for the treatment of chemical dependency detoxification and substance abuse.
- Submit the original signed Supervisor Form with your application. Auricular detoxification therapy may take place under the direct supervision of a licensed acupuncturist or a person licensed to practice medicine.

Note: Treatment by an auricular detoxification therapist is strictly limited to the five ear-point treatment protocol for detoxification, substance abuse, or chemical dependency as stipulated by the National Acupuncture Detoxification Association (NADA).



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NOTARIZED SIGNATURE AFFIDAVIT

Certifying Statement:

I, _____ being duly sworn, depose and say that I am the person described and identified, and that I am the person named in the documents presented in support of this application. By filing this application, I hereby authorize and consent to an investigation of my fitness and qualifications to practice medicine in South Carolina.

I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state and federal) to release to this licensing Board any information, files or records requested by the Board for its evaluation of my professional, ethical and other qualifications for licensure in South Carolina. I hereby release, discharge and exonerate the State Board of Medical Examiners of South Carolina, its agents or representatives and any person or organization furnishing information from any and all liability of every nature and kind arising out of the furnishing of documents, records or other information, or arising from the investigation made by the State Board of Medical Examiners of South Carolina.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such an act shall constitute the cause for denial or revocation of my license to practice medicine in South Carolina. Further, if licensed, I agree to keep the Board informed of any future changes in my address.

I hereby authorize the Board of Medical Examiners of South Carolina to utilize my Social Security Number in making reports to the Federation of State Medical Boards' Physician Data Center for compilation of information about applicants and licensees in order to coordinate licensure and disciplinary activities between the individual States' licensing boards.

Signature of Applicant

Print Name of Applicant

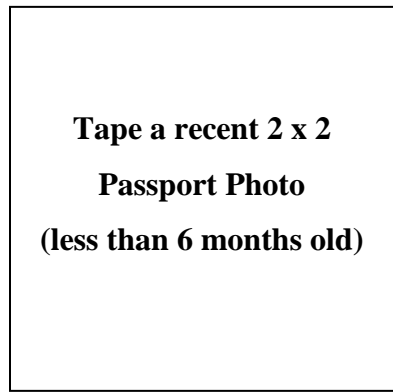
Subscribed and sworn to before me this _____ day
of _____ 20____.

Notary Signature: _____

Print Name: _____

Notary for the State of: _____

My Commission expires: _____



(Notary Seal)



SUPERVISING PHYSICIAN OR ACUPUNCTURIST FORM

I will be supervising:

Therapist Name: _____

Type: Auricular Therapist Auricular Detoxification Therapist

Supervising Physician or Acupuncturist Information:

Name: _____ SC License Number: _____

Address - Street: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

1. List and attach copies of all acupuncture training.

| School | Course | Date completed |
|--------|--------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

2. Describe below the nature of the working relationship for the auricular therapist or auricular detoxification therapist. (Attach additional pages if necessary)

3. Describe below the types of conditions for which acupuncture will take place. (Attach additional pages if necessary)

- I acknowledge and agree, if approved by the Board, that I shall be responsible for supervising the auricular therapist or directly supervising the auricular detoxification therapist named in this application. I further acknowledge that as the supervising physician or acupuncturist, I will be available to attend to any unexpected, adverse effects.
- I agree that should I become aware of any unethical, unprofessional or illegal acts or omissions on the part of the auricular therapist or auricular detoxification therapist, I shall immediately report such conduct in writing to the State Board of Medical Examiners of South Carolina.
- I have carefully read the above questions and answered them completely and I declare that all statements made by me herein and materials supplied herewith are true and correct. Further, if approved as the supervising physician or acupuncturist of this auricular therapist or auricular detoxification therapist, **I agree to keep the Board informed of any future changes in my address or working relationship with this auricular therapist or auricular detoxification therapist.**

 Supervising Physician or Acupuncturist Signature

 Date



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VERIFICATION OF LICENSURE

Complete the top portion of this form and forward a copy to each state board by which you are now or ever have been licensed to practice medicine. You may want to contact each state to see if a fee is required.

In applying for a license to practice Acupuncture in the State of South Carolina, the Board of Medical Examiners requires this form to be completed by each state wherein I hold or have ever held a license. My signature below is your authority to release any and all information in your file, favorable or otherwise, regarding me directly to the above address.

PLEASE TYPE OR PRINT

Signature: _____

Name: _____

Address: _____

DO NOT DETACH

This section should be completed by an official of the state board and returned directly to the South Carolina Board of Medical Examiners at the above address. The Board will accept a state issued verification.

Name of Licensee: _____

State of: _____ Type of License: _____ License number: _____

Date issued: _____ Expiration Date: _____

Is license current Yes No If no, why not? _____

Has license been suspended, revoked, or restricted? Yes No If yes, why? _____

Comments/Derogatory Information, if any: _____

Date: _____

Signature: _____

Print name: _____

Board Seal

Title: _____

Board: _____



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or

2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)