Joe Lombardo, Governor

STATE OF NEVADA BOARD OF ORIENTAL MEDICINE

Dear Applicant:

Thank you for your expressed interest in obtaining a license in the State of Nevada **by endorsement** under the jurisdiction of the Board of Oriental Medicine. The following are instructions to help you in completing your application; please read through them carefully.

***Please visit our website at http://orientalmedicine.state.nv.us and read through it to familiarize yourself with our regulations before completing your application to make sure that you comply with our licensure requirements. This application is specifically for license by endorsement per Senate Bill 69 of the 2017 Nevada Legislature. Note that this application is for licensure by endorsement in compliance with SB 69, NRS 634A.120, and NRS 634A.140.**

1. Read the entire application before writing a single answer. By familiarizing yourself with the questions and the paperwork you can better organize your time and provide more complete answers. Please complete all pages of the application.

2. Write legibly. If the application is illegible it will not be processed in a timely manner.

3. Contact your Oriental Medical school/training program for transcripts and have them send the paperwork, sealed and certified, directly to our board office. There also should be a letter from your school/training program verifying that you have graduated and had training in herbology. There might be a fee for these documents. Please call ahead and inquire what the fee will be and attach it along with your request for the transcripts. Any transcripts or translation fees will be an additional cost incurred by you.

4. Contact **NCBAHM** (formerly known as NCCAOM) to request that your **Diplomate of Acupuncture and Herbal Medicine results** (formerly known as the **Diplomate of Oriental Medicine results)** be sent directly to the board office.

5. Letter verifying your license held in the District of Columbia or any state or territory of the United States or foreign country for at least 6 of the 8 years immediately preceding the date of the application and verifying whether there has been any disciplinary action against you.

6. Obtain and submit with your application any documents that are relevant to the applicant's background and personal history for the Board's investigation (i.e. judgment of conviction, satisfaction of judgment, or order resolving disciplinary action in another

jurisdiction).

7. Pages 10 and 11 must be notarized.

8. Attach a money order, cashier's check or personal check in the amount of Nine hundred dollars ($900.00) made payable to the Nevada State Board of Oriental Medicine for the application fee. This fee is for the processing of your application only. If you do not submit a fee of $900.00 with your application to the Board, your application will not be accepted or processed.

9a. **Fingerprints (Hard Cards):** You must complete a fingerprint-based background check as part of the application process. It may take up to three months to get the results back. Your fingerprints card must be completed by an authorized person at any authorized place authenticated by any local governments (such as police departments, other authorized fingerprint locations etc). You are responsible for getting the appointment with the authorized entity. They will supply the fingerprint card. You then submit your fingerprint card along with your application to us and we will submit this card to the **Nevada Department of Public Safety** for you. Please include a separate $39.00 fee for processing your fingerprint cards in the form of a Cashier's Check payable to the **Department of Public Safety (DPS)**. If any further investigations are needed, the costs arising from extra investigations are the applicant's responsibility. Fingerprints must be readable. If your fingerprint card cannot be processed, it must be done again and additional fees may be required. Please complete the **Fingerprint Background Waiver Form** from our website, sign it and include it with your application for your fingerprints to be processed. Your application cannot be completed without the fingerprint results.

9b. **Fingerprints (LIVESCAN):** You have the option of doing LIVESCAN in Nevada where the fingerprints are sent directly to the Nevada Department of Public Safety. (A list of fingerprint sites that offer LIVESCAN in Nevada is on our website.) Please complete and sign the **Fingerprint Background Waiver Form** from our website and include it in your Application packet. Please make sure that the date of the **Fingerprint Background Waiver Form** is prior to your fingerprint date. Complete and bring the **Fingerprint Request Form** from our website to a fingerprint facility in Nevada which offers LIVESCAN to get your fingerprints done. You will be responsible for all fingerprinting and processing fees at the facility. Your application cannot be completed without the fingerprint results.

10. The application process may take several months. State Board exams are given twice per year in June and December and sometimes in March/April or September/October depending on the number of applicants. It is recommended that you submit your application at least 4-6 months ahead of the month you wish to take the exam. **ALL OFFICIAL SUPPORTING DOCUMENTS MUST BE RECEIVED AT LEAST 45 DAYS BEFORE THE EXAM DATE.** The fee to take the State Board exam is $900.00 (Nine Hundred Dollars). This fee is in addition to the application fee and is due upon approval to sit for the State Board exam. The Executive Director will contact the applicant regarding exam scheduling once a completed application is approved.

If you have any questions, you may email us at omboardexecutivedirector@gmail.com.

APPLICATION CHECKLIST

_____Successfully completed an accredited program of study in Oriental medicine at a school or college of Oriental medicine;

_____A letter from the school verifying that the program of study MUST HAVE included training or instruction in the subject of herbology;

_____ A letter verifying that you have been licensed in the District of Columbia or any state or territory of the United States or foreign country for at least 6 of the 8 years immediately preceding the date of the application **AND** verifying whether there has been any disciplinary action against you sent directly from the issuing state agency;

_____Certified copies of any diplomas, transcripts, licenses and certificates will be forwarded directly to the Board from the issuing entity;

_____ **NCBAHM** (formerly known as NCCAOM) **Diplomate of Acupuncture and Herbal Medicine results** (formerly known as the **Diplomate of Oriental Medicine results)** be sent directly to the board office.

_____Completed Fingerprint Background Waiver form (from our website under LICENSING);

_____1 Fingerprint Card enclosed along with $39.00 fee in the form of a cashier's check made payable to the **Department of Public Safety**; **(Not applicable if you are submitting your fingerprints through LIVESCAN).**

_____Bachelor's degree from an accredited college or university in the U.S. (if applicable).

SB 69 ENDORSEMENT APPLICATION FOR LICENSURE BY THE STATE OF NEVADA BOARD OF ORIENTAL MEDICINE

The undersigned hereby applies for a license under NRS 634A and NAC 634A with full knowledge that all statements made in this application may be subject to investigation, including a check of fingerprints, police records, and former employers. Any false or dishonest answers to any questions in this application may be grounds for refusal, subsequent revocation or suspension of a license.

Background Information

Name:_____

Present Street Address: _____

City:_____State:_____Zip Code:_____

Phone:_____Fax:_____Email:_____

How long have you been at this address? _____

If the above address covers less than three (3) years, please list your full address for the last three (3) years. Use additional paper if necessary. Please specify length of time at each residence.

Former Street Address: _____

City:_____State:_____Zip Code:_____

Phone:_____Fax:_____Email:_____

How long have you been at this address? _____

Your Date of Birth:_____Marital Status:_____

Your Place of Birth by City, State, Country:_____

Color of Eyes:_____Color of Hair:_____Height:_____

Weight:_____List any identifying characteristics, scars, tattoos:_____

_____

_____

Have you been, or are you in the United States Military Service? YES_____ NO_____

Will your fingerprints be taken at a LIVESCAN fingerprint facility? YES_____ NO_____

Information of Undergraduate School of College or University attended

1 .

Name of School	
Address of Location	
Term (From – To)	
Length (Years & Months)	
Major	
Degree Obtained	
Year of Graduation	

2 .

Name of School	
Address of Location	
Term (From – To)	
Length (Years & Months)	
Major	
Degree Obtained	
Year of Graduation	

Information of School or College of Oriental Medicine attended

1 .

Name of School		
Address of Location		
Term (From – To)		
Length (Years & Months)		
Degree Obtained		Year of Graduation
Total Credits & Hours accomplished	( ) Didactic Hours ( ) Clinical Hours ( ) Total Hours	

2 .

Name of School		
Address of Location		
Term (From – To)		
Length (Years & Months)		
Degree Obtained		Year of Graduation
Total Credits & Hours accomplished	( ) Didactic Hours ( ) Clinical Hours ( ) Total Hours	

Licensure Screening Questions

Have you ever been convicted of a felony? YES_____NO_____

Have you ever been convicted of a crime of moral turpitude? YES_____NO_____

Have you ever had a license issued by a governmental agency which had some type of disciplinary action taken against you? (i.e. suspension, revocation, probation, restriction, etc.) YES_____NO_____

Have you ever been addicted to the use of narcotics? YES_____NO_____

Have you ever been addicted to alcohol? YES_____NO_____

Have you ever been expelled from a professional society? YES_____NO_____

Have you a physical condition, which may impact your ability to practice Oriental Medicine? YES_____NO_____

Have you a mental condition, which may impact your ability to practice Oriental Medicine? YES_____NO_____

If you answered "YES" to any of the above, give details on a separate sheet of paper.

Professional Information

Do you hold, or have you ever held, a license to practice Acupuncture/Oriental Medicine issued by a governmental agency in the United States or other country?YES____NO____

If "YES", please have the issuing entity send a copy of verification and whether there has been any disciplinary action against you to the Nevada Board of Oriental Medicine and answer the questions below.

When was it issued?_____Expiration _____

Where was it issued?_____

What is the License Number? _____

Issuing Agency?_____

Screening Questions for Applicants With Licenses in Other Jurisdictions
(If you have never been licensed before, you can skip this section)

1. **Have you ever been disciplined by any regulatory authority of the District of Columbia or any state or territory of the United States or other country in which you currently hold or have held a license to engage in the practice of Oriental Medicine? YES_____NO_____**

2. **Have you ever been held civilly or criminally liable in the District of Columbia or any state or territory of the United States or other country for misconduct relating to your practice of Oriental Medicine? YES__NO___**

3. **Have you ever had a license to engage in the practice of Oriental Medicine suspended or revoked in the District of Columbia or any state or territory of the United States or other country? YES_____NO_____**

4. **Have you ever been refused a license to engage in the practice of Oriental Medicine in the District of Columbia or any state or territory of the United States or other country for any reason? YES_____NO_____**

5. **Do you have any pending disciplinary actions concerning your license to engage in the practice of Oriental medicine in the District of Columbia or any state or territory of the United States or other country? YES_____NO_____**

NCBAHM/NCCAOM EXAMS PASSED

1 .

Name of Exam	
Date taken	
Module	

2 .

Name of Exam	
Date taken	
Module	

3.

Name of Exam	
Date taken	
Module	

4 .

Name of Exam	
Date taken	
Module	

Information Regarding Clinical Practice

1 .

Name of Clinic or Hospital	
Address	
Date Began	From:
Date Finished	To:
Years/Months Total	

2 .

Name of Clinic or Hospital	
Address	
Date Began	From:
Date Finished	To:
Years/Months Total	

Child Support Information

Pursuant to Federal Legislation and Nevada's Welfare Reform Package, this form must be *completed and returned to the office of the Nevada State Board of Oriental Medicine along with your application form.*

Please circle the number of the statement which best describes your situation:

1. I am NOT subject to a court order for the support of one or more children.
2. I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
3. I am subject to a court order for the support of one or more children and am NOT in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

I certify that all of the above disclosures are true and complete.

Signature:_____ Date:_____

Consent to Investigation and Release of Information
(YOUR SIGNATURE MUST BE NOTARIZED)

I,_____, do hereby give my consent to an investigation by the Nevada State Board of Oriental Medicine, or to any person acting in its behalf, into all relevant facts in my personal and professional training, background and experience in connection with this application for a license to practice in the State of Nevada as a Doctor of Oriental Medicine.

I do further consent to having a set of my fingerprints (a copy of which is attached to this application) submitted by the Board to any law enforcement agency in connection with this application. I do further agree to pay any and all costs or expenses incurred in the making of the required investigation and do herewith submit as part of this Application, an application fee of Nine Hundred Dollars ($900.00) to be used in whole or in part for said investigation. In the event that investigative costs exceed this amount, I agree to pay in full, all such amounts due.

Statement of Permission
I agree to allow the State of Nevada Board of Oriental Medicine to communicate with any person in connection with this application. I will hold the Board, its members, officers and agents free from any liability or complaint by reason of any action they, or any of them, may take in connection with the Board's investigation of my professional training, and experience or personal background.

Signature:_____Date: _____

State of _____
County of _____

Subscribed and sworn to (or affirm) before me on this____day of_____, 20____,
by_____, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

_____
Notary Public

FINAL ATTESTATION

I am the applicant who signed the foregoing Application and hereby declare that the all the responses stated in this Application is true and accurate.

_____ _____
Signature Date

_____
Print Name

State of _____
County of _____

Subscribed and sworn to (or affirm) before me on this____day of_____, 20____, by_____, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

_____
Notary Public