Form 1AC-R

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Department Use Only

APPLICATION FOR CERTIFICATION TO USE ACUPUNCTURE

Applicants Must Complete Both Pages Of This Application In Ink

Applicant Instructions

All applicants for certification must complete this form in ink and submit it with the \$150 certification fee directly to the Office of the Professions at the mailing address at the end of this form. You must answer all questions and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. Your signature on this form must be notarized by a Notary Public.

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1	Check what you are applying for:	NYS License Number							
	Dentistry 50 \$150 AC								
	Medicine G0 \$150 AC	6 Telephone/E-Mail Address							
2	Social Security Number (Leave this blank if you do not have a U.S. Social Security Number)	Daytime Phone							
3	Birth Date Month Day Year	Area Code Phone Number							
4	Print Your Name Exactly As It Appears On Your Medical or Dental License	E-Mail Address (Please print clearly)							
	Last								
	First								
	Middle Middle	7 Name York State DMV ID Namehou							
5	Mailing Address (You must notify the Department promptly of any address or name changes.) New York State DMV ID Number (Driver or Non-Driver ID)								
	Line 1								
	Line 2	(Leave this blank if you do not have a New York State DMV ID Number)							
	Line 3								
	City								
	State Zip Code								
	Country/ Province								
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8	New York State profession license number:								
9	Have you previously applied for a New York State certificate to use acupuncture?	☐ YES ☐ NO							
10	List Non-Registered New York State Acupuncture Programs completed.								
	Program Sponsor:	Hours of Instruction:							
	Location of Program:	Date of Program: / / / / yr.							
		mo. day yr.							
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