

Department of Health  
Board of Chiropractic Medicine  
4052 Bald Cypress Way, Bin #C07  
Tallahassee, FL 32399-3257

## GENERAL INFORMATION/INSTRUCTIONS

### Application for Chiropractic Acupuncture Certification

#### HOW TO APPLY FOR FLORIDA LICENSURE

\*\*\* PLEASE TYPE OR PRINT IN BLACK INK - PLEASE READ CAREFULLY \*\*\*

#### 1. FLORIDA LAWS & RULES:

You may download a copy of Section 460, Florida Statutes and Rule Chapter 64B2, Florida Administrative Code at [www.doh.state.fl.us/mqa/chiro/index.html](http://www.doh.state.fl.us/mqa/chiro/index.html) It is important to read this in order to determine your eligibility prior to applying, and to familiarize yourself with the statutes and board rules regarding your application for chiropractic acupuncture certification and the practice of acupuncture within the chiropractic profession. To determine eligibility go to the licensure evaluation tool, <http://ww2.doh.state.fl.us/LASNET/Boards.aspx>

#### 2. APPLICANT'S QUESTIONS REGARDING APPLICATION STATUS:

Within thirty (30) days after we receive your application and fee, we will send you an acknowledgment letter informing you of any deficiencies in your application and the specific items required to complete your application. If you do not receive notice that we have received your application within forty-five (45) days of the date you mailed it, or if you have questions concerning the requirements for licensure, please do not hesitate to contact this office. If you have questions concerning whether or not we have received items, which we require you to arrange to be sent to this office by a third party (such as official transcripts, licensure verifications from state licensing agencies); please check with the third party first to see if the required documentation has been sent. As a reminder to all applicants, please understand that Chapter 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after initial filing with the department.

#### 3. ACUPUNCTURE CERTIFICATION APPLICANTS:

To be eligible for the certification each applicant must hold a valid/current license to practice chiropractic medicine in the State of Florida and have completed a 100 hour course in acupuncture provided by a college or university which is recognized by an accrediting agency approved by the United States Department of Education and successfully completed the National Board of Chiropractic Examiners (NBCE) Acupuncture Examination. The Board adopts a passing score as set by the National Board of Chiropractic Examiners.

#### 4. FEDERAL PRIVACY ACT:

Under the Federal Privacy Act, disclosure of social security numbers is voluntary unless specifically required by federal statute. **In this instance, social security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654: and sections 456.013, 409.257(7) and 409.259(8), F. S.** Social security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social security numbers must also be recorded on all professional and occupational license applications and will be used for license verification pursuant to, unless exempt as outlined in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L. 193, Section 317.

**Note: If you do not fill in your social security number, your application will be delayed. You must possess a social security number prior to receiving a license.**

## **SUPPORTING DOCUMENTS**

### **1. THE FOLLOWING ITEMS MUST BE INCLUDED WITH YOUR APPLICATION:**

**a. Fees:**

A certified check or money order in the appropriate amount, made payable to the Department of Health, must be attached to your application. Please staple the certified check or money order to page 1 of the application on the upper left part of the form. Your application will not be processed without these fees. These fees are required by law and include the following:

Application Fee	\$100.00 (non-refundable)
Initial Certification Fee	\$105.00
Unlicensed Activity Fee	\$ 5.00
<b>Total:</b>	<b>\$205.00</b>

**b National Board of Chiropractic Examiners (NBCE) Scores:**

The Board adopts a passing score as set by the National Board of Chiropractic Examiners. Official NBCE scores for acupuncture must be sent directly from the NBCE to this office. Again, please note that it is your responsibility to follow-up with NBCE to ensure that they have received and complied with your requests. The board office will notify you as items are received.

**c. Acupuncture Course:** Proof of completion of a 100 hour course in acupuncture. Certification of completion must be sent directly from the course provider to the board office.

**YOUR APPLICATION IS NOT CONSIDERED COMPLETE UNTIL ALL SUPPORTING DOCUMENTS AND FEES HAVE BEEN RECEIVED BY THIS OFFICE.**

### **2. Return application that contains money to:**

**DEPARTMENT OF HEALTH  
Post Office Box 6330  
Tallahassee, Florida 32399-6330**

### **3. Documentation that does NOT contain money to:**

**BOARD OF CHIROPRACTIC MEDICINE  
4052 Bald Cypress Way, Bin #C07  
Tallahassee, Florida 32399-3252**

### **4. You can also visit the board's web site for additional information at**

[www.doh.state.fl.us/mqa/chiro/index.html](http://www.doh.state.fl.us/mqa/chiro/index.html)



## CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE

### Florida Department of Health Board of Chiropractic Medicine

This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCA § 666 (a)(13). For all professions regulated under Chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

**Name:** \_\_\_\_\_  
                                    **Last**                                    **First**                                    **Middle**

**Social Security Number:** \_\_\_\_\_

---

4052 Bald Cypress Way, Bin # C07  
Tallahassee, Florida 32399-3257



NAME: \_\_\_\_\_  
(Last) (First) (Middle)

**APPLICANT SIGNATURE (required):**

I state that these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.072, 460.413, 775.083 and 775.084, Florida Statutes. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Florida Board of Chiropractic Medicine information which is material to my application for licensure. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice Chiropractic Medicine in the State of Florida. I understand that my records are protected under the Federal and State Regulations governing Confidentiality of Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that my records are protected under the Federal and State Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations. I also state that I will comply with all requirements for licensure renewal in effect at the time of license renewal including submission of appropriate renewal fees and continuing education requirements.

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

\_\_\_\_\_  
(Specification of date, event or condition upon which this consent expires)

\_\_\_\_\_  
(Signature of Applicant/required)

\_\_\_\_\_  
(Date Signed/required)

\*As a reminder to all applicants, please understand that Chapter 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after initial filing with the department.