



# Application for Chiropractic Acupuncture Certification

**Board of Chiropractic Medicine**  
P.O. Box 6330  
Tallahassee, FL 32314-6330  
Website: [floridaschiropracticmedicine.gov](http://floridaschiropracticmedicine.gov)  
Email: [info@floridaschiropracticmedicine.gov](mailto:info@floridaschiropracticmedicine.gov)  
Phone: (850) 245-4355  
Fax: (850) 922-8876



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Do Not Write in this Space  
For Revenue Receiving Only

**Chiropractic Acupuncture Certification (1030) \$205.00**

**Total fee includes the following:**

Application Fee	\$100.00
Initial Certification Fee	\$100.00
Unlicensed Activity Fee	\$5.00

Fees must be paid in the form of a cashier's check or money order, made payable to the Department of Health. An applicant who is denied licensure or withdraws their application is entitled to a \$105.00 (Certification Fee and Unlicensed Activity Fee) refund. Requests to withdraw or for a refund must be made in writing. Fees are refundable for up to three years from the date of receipt.

## 1. PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last/Surname First Middle MM/DD/YYYY

Mailing Address: (The address where mail and your license should be sent)

Street/P.O. Box Apt. No. City

State ZIP Country Home/Cell Telephone (Input without dashes)

Physical Location: (Required if mailing address is a P.O. Box- This address will be posted on the Department of Health's website)

Street (Place of Employment) Apt. No. City

State ZIP Country Work/Cell Telephone (Input without dashes)

### EQUAL OPPORTUNITY DATA:

We are required to ask that you furnish the following information as part of your voluntary compliance with 41 CFR Part 60-3-Uniform Guidelines on Employee Selection Procedure (1978); 43 FR 38295 and 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

Gender: Male	Race:	Native Hawaiian or Pacific Islander	Hispanic or Latino	White
Female		American Indian or Alaska Native	Black or African American	Asian
		Two or More Races		

Email Notification: To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes No Email Address: \_\_\_\_\_

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

## 2. SOCIAL SECURITY DISCLOSURE

**This information is exempt from public records disclosure.**

Pursuant to Title 42 United States Code § 666(a)(13), the department is required and authorized to collect Social Security numbers relating to applications for professional licensure. Additionally, section (s.) 456.013(1)(a), Florida Statutes (F.S.), authorizes the collection of Social Security numbers as part of the general licensing provisions.

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

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

(Input without dashes)

**Social Security Information-** \* 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, § 653 and 654; and s. 456.013(1), 409.2577, and 409.2598, F.S. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure 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 identification pursuant to Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub. L. Section 317). Clarification of the SSA process may be reviewed at [www.ssa.gov](http://www.ssa.gov) or by calling 1-800-772-1213.

Name: \_\_\_\_\_

### 3. APPLICANT BACKGROUND

- A. List any other name(s) by which you have been known in the past. Attach additional sheets if necessary.

\_\_\_\_\_

- B. **To be eligible for the certification, each applicant must hold a valid/current license to practice chiropractic medicine in the state of Florida.**

Provide your Florida Chiropractic License #: CH \_\_\_\_\_

### 4. EDUCATION AND EXAM HISTORY

- A. Have you 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?      Yes      No

Course Provider: \_\_\_\_\_

**All applicants must have certification of completion forwarded directly to the board office from your course provider. Certification should be sent to:**

**Board of Chiropractic Medicine**  
4052 Bald Cypress Way Bin C-07  
Tallahassee, FL 32399-3257

- B. Have you successfully completed the National Board of Chiropractic Examiners (NBCE) Acupuncture Examination?      Yes      No

**The Board adopts a passing score as set by the National Board of Chiropractic Examiners. All applicants must have official NBCE Acupuncture Examination scores sent from NBCE directly to the Board of Chiropractic Medicine.**

You can find more information from NBCE at <https://mynbce.org/score/transcript/>.

### 5. APPLICANT SIGNATURE

I, the undersigned, state that I am the person referred to in this application for licensure in the state of Florida.

I recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to s. 456.067, 775.083 and 775.084, F.S.

Florida law requires me to immediately inform the board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed.

Section 456.013(1)(a), F.S., provides that an incomplete application shall expire one year after the initial filing with the department.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
*You may print out the application and sign it or sign digitally.*      MM/DD/YYYY