

# West Virginia Board of Acupuncture



## Annual Report 2008 and 2009

West Virginia Board of Acupuncture  
179 Summers Street Suite 711  
Charleston, WV 25301  
Phone # 304-558-1060  
Fax # 304-558-1061  
Toll free # 1-800-871-7265

E-mail address: [linda\\_lyter@verizon.net](mailto:linda_lyter@verizon.net) Web Page: [www.wvacupuncture.org](http://www.wvacupuncture.org)

The Honorable Joe Manchin, III  
Governor of West Virginia  
State Capitol Complex  
Charleston, WV 25305

The West Virginia Board of Acupuncture is pleased to provide you with our report for the fiscal years 2008 and 2009. The report is hereby submitted in compliance with statutory requirements.

The Board is charged with the administration and enforcement of the provisions of Chapter 30, Article 36 of the West Virginia Code governing the profession of Acupuncture. This report is submitted in accordance with Chapter 30, Article 1, Section 12 which requires a financial report of total revenues and expenditures and a complete list of names licensed by it during such period. Other information enclosed is a list of current board members and other pertinent information.

The West Virginia Board of Acupuncture continues to strive for maximum efficiency in serving the people of West Virginia.

Sincerely,

Linda Lyter  
Executive Director

cc: Secretary of State  
Clerk of the WV Senate  
Clerk of the WV House of Delegates  
Assistant Attorney General

West Virginia Board of Acupuncture  
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Office of the Secretary of State  
Building 1 Room 157K  
Capitol Complex  
Charleston, WV 25305

Dear Ms. Secretary:

Enclosed you will find the Annual Report for Fiscal Year 2008 and Fiscal Year 2009 for the West Virginia Board of Acupuncture.

This report has been submitted to the Clerks of the WV Senate and the WV House of Delegates as well as the Library Commission Reference Service.

Sincerely,

Linda Lyter  
Executive Director

**Joe Manchin III,  
Governor**

**Michelle DeStefano, LAc**  
Shepherdstown  
**Marian Hollinger**  
Morgantown  
**Brian Stephen Love, MD**  
Beckley



**P O Box 252  
Huntington, WV 25707-0252  
(304) 529-4558 Voice Mail**

**C. P. Negri, OMD, NMD**  
Fairmont  
**Darrell E. Samples, ND, OMD**  
Huntington

~State of West Virginia~  
**Board of Acupuncture**

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# **I. SUMMARY**

# **Summary**

## **2008-2009 Annual Report**

### **West Virginia Board of Acupuncture**

The Board of Acupuncture was established by an act of the Legislature and signed into law by Governor Gaston Caperton in 1996, W. Va. Code §30-36-1 et seq. The Board was continued by the Legislature, W. Va. Code §30-36-20.

The Board is a self-sustaining licensure board which operates with fees collected from licensees. It does not receive funds from WV's general revenue fund.

The Board of Acupuncture consists of three professional members, one physician member and one public member. The members of the Board are:

Michelle DeStefano, L. Ac., professional member  
Marian Hollinger, public member  
Brian Stephen Love, M. D., physician member  
C. P. Negri, OMD, professional member  
Darrell E. Samples, OMD, professional member

The Board continues its normal functions of regulating the practice of Acupuncture and Oriental medicine to provide for the safety of the citizens of WV, following legislative intent.

### **Complaints**

During the two year period of 2008-2009 there was one complaint filed with the Board regarding the unlawful practice of acupuncture without a license. The Board was informed of an unlicensed practitioner in Spencer, WV who had posted false credentials in an online format. Upon investigation the Board found that the individual named had already left the state. No further prosecution of the compliant was followed.

During the two year period of 2008-2009, there were no disciplinary actions taken on any license during this period.

During the two year period of 2008-2009, there were no Board initiated procedures against any license. The Board had no hearings or investigations regarding any license during this period.

### **Continuing Education**

The Code requires the Board to oversee the continuing education of the licensees and to establish Codes of Ethics. The Board routinely audits the licensees to check for compliance with the continuing education requirements and professional liability coverage.

Respectfully submitted,

Linda Lyter  
Executive Director

## **II. BOARD MEMBERS**

**Joe Manchin III,  
Governor**

**Michelle DeStefano, LAc**  
Shepherdstown  
**Marian Hollinger**  
Morgantown  
**Brian Stephen Love, MD**  
Beckley



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Huntington

~State of West Virginia~

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**Board of Acupuncture**

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**BOARD MEMBERS**

Michelle DeStefano, L. Ac., Professional member

Marian Hollinger, Public member

Brian Stephen Love, M. D., Physician member

C. P. Negri, OMD, Professional member

Darrell E. Samples, OMD, Professional member

### **III. MEETING MINUTES**

**Joe Manchin III,  
Governor**

**Michelle DeStefano, LAc**  
Shepherdstown  
**Marian Hollinger**  
Morgantown  
**Brian Stephen Love, MD**  
Beckley



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Huntington

~State of West Virginia~

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**Board of Acupuncture**

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The Board did not have any scheduled board meetings for the fiscal year 2008 therefore there are no meeting minutes for this fiscal year.

Board meeting minutes for the board meeting held on October 25, 2008 were not approved and were tabled for approval at a future board meeting. Therefore, they are not included in this report.

## **IV. FINANCIAL REPORT**

**WEST VIRGINIA BOARD OF ACUPUNCTURE  
FISCAL YEAR 2008 EXPENDITURES AND REVENUE**

**Disbursements**

001	Payroll/Per Diem	3,383.33
011	Social Security Matching	195.09
020	Office Supplies	0.00
022	Rental/Lease	138.25
023	Utilities	0.00
024	Telecommunications	204.98
025	Professional Services	168.00
026	Travel	708.10
027	Computer Services	820.60
030	Equipment Rental	0.00
031	Membership Dues	1,000.00
032	BRIM Insurance Premium	3,528.00
052	Training/Development	0.00
053	Postage	0.00
054	Computer Supplies	2,160.95
058	Miscellaneous Equipment	0.00

**TOTAL**

**12,307.30**

**7/1/2008 Cash Balance**

**22,254.77**

**2008 Gross Revenues**

**4,000.00**

**Revenue Refunds**

**0.00**

**2008 Expenditures**

**12,307.30**

**Annual Spending Authority**

**15,000.00**

**WEST VIRGINIA BOARD OF ACUPUNCTURE  
FISCAL YEAR 2009 EXPENDITURES AND REVENUE**

**Disbursements**

001	Payroll/Per Diem	4,328.40
011	Social Security Matching	34.44
020	Office Supplies	0.00
022	Rental/Lease	497.70
023	Utilities	0.00
024	Telecommunications	1,131.07
025	Professional Services	220.50
026	Travel	199.98
027	Computer Services	1,448.27
030	Equipment Rental	0.00
031	Membership Dues	0.00
032	BRIM Insurance Premium	2,912.00
052	Training/Development	0.00
053	Postage	0.00
054	Computer Supplies	0.00
058	Miscellaneous Equipment	<u>169.17</u>
<b>TOTAL</b>		<b>10,941.53</b>

<b>7/1/2009 Cash Balance</b>	<b>23,438.24</b>
<b>2009 Gross Revenues</b>	<b>12,125.00</b>
<b>Revenue Refunds</b>	<b>0.00</b>
<b>13<sup>th</sup> Month Expenditures</b>	<b>0.00</b>
<b>2009 Expenditures</b>	<b>10,941.53</b>
<b>Annual Spending Authority</b>	<b>22,000.00</b>

## **V. COMPLAINTS / INVESTIGATIONS**

**Joe Manchin III,**  
Governor

**Michelle DeStefano, LAc**  
Shepherdstown  
**Marian Hollinger**  
Morgantown  
**Brian Stephen Love, MD**  
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~State of West Virginia~

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**Board of Acupuncture**

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During the two year period of 2008-2009 there was one complaint filed with the Board regarding the unlawful practice of acupuncture without a license. The Board was informed of an unlicensed practitioner in Spencer, WV who had posted false credentials in an online format. Upon investigation the Board found that the individual named had already left the state. No further prosecution of the complaint was followed.

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During the two year period of 2008-2009, there were no Board initiated procedures against any license.

The Board had no hearings or investigations regarding any license during this period.

## **VI. APPLICATION FORM**

**Michelle DeStefano, LAc**  
**Treasurer**  
Shepherdstown

**Marian J. Hollinger**  
Morgantown

**Brian Stephen Love, MD**  
Morgantown

## **State of West Virginia**

**Board of Acupuncture**  
**179 Summers Street Suite 711**  
**Charleston, West Virginia 25301**  
**(304) 558-2235**

### **Acupuncture Licensure Requirements** **For The State of West Virginia**

**C.P. Negri, OMD, NMD**  
**President**  
Fairmont

**D.E. Samples, ND, OMD**  
**Secretary**  
Huntington

**Linda Lyter**  
**Executive Director**

All applicants for acupuncture licensure in the State of West Virginia shall provide evidence of **ONE** of the following:

1. Graduation and receipt of degree or diploma in Acupuncture or Traditional Chinese Medicine or its equivalent, from a school of Acupuncture or Oriental medicine of at least one thousand eight hundred hours (1800), including three hundred (300) clinical hours. This degree or diploma must be from a school that is:
  - A. Approved by ACAOM, the National Accreditation Commission for Acupuncture and Oriental Medicine.  
- Or, -
  - B. Approved by the Board of Acupuncture as being equivalent to the ACAOM standards. This procedure will be known as Examination and Licensure by Diploma.
2. Achievement of a passing score on an examination that is:
  - A. Administered by the NCCAOM, the National Commission for the Certification of Acupuncturists and Oriental Medicine.  
This procedure will be known as Examination and Licensure by NCCAOM Certification.  
- Or, -
  - B. Approved by the Board of Acupuncture as being equivalent to the NCCAOM Examination. This procedure will be known as Examination and Licensure by Examination.
3. Successful completion of an apprenticeship in Acupuncture or Oriental Medicine. The Board of Acupuncture requires documentation of two thousand, seven hundred hours of training in a five-year period under the direction of a licensed acupuncturist or individual approved to perform acupuncture in their respective jurisdiction. Persons wishing to license through this procedure bear the burden of proving their case before the Board of Acupuncture. Applicants under this clause will have passed the NCCAOM exam. This procedure will be known as Examination and Licensure by Apprenticeship.
4. Performance of acupuncture in accordance with the law of another jurisdiction for a period of at least three years within the five-year period prior to application, consisting of at least five hundred patient visits per year. Persons wishing to license through this procedure bear the burden of proving their case before the Board of Acupuncture. This procedure will be known as Examination and Licensure by Experience.
5. Holders of a current license to practice acupuncture issued by another State Board of Acupuncture or its equivalent, where the educational and experience requirements meet or exceed those found in the State of West Virginia. The applicant bears the responsibility of satisfying the West Virginia Board of the education or experience requirements. This procedure will be known as Examination and Licensure by Endorsement or Reciprocity.

**The application fee is \$75.00. Licensure fee is \$425.00. Application fee is not refundable. Both fees must be included with the application. There will be no exceptions.**

**Important: Read This Information**  
**Instructions for Completing Application for Licensure**

Application Certification: READ and SIGN this page.

Page 1: Complete in full and SIGN, return this page with photograph attached.

Page 2: Complete in full. Fraudulent answers to these questions may result in licensure denial or revocation.

Page 3: Three copies. Two copies are to be completed by individuals who are not related to you. One copy must be completed by another acupuncturist or oriental medical practitioner who is licensed in the United States. All copies of this form must be notarized. **NONE OF THESE ARE TO BE COMPLETED BY THE APPLICANT.**

Page 4: Complete in full, SIGN and return with the application. **List all states in which you are now licensed or have ever been licensed, whether active, inactive, or lapsed.** Fraudulent answers may result in licensure denial or revocation.

Page 5: SIGN this page in the presence of a Notary Public and return it to us.

Page 6: **You must send this page to your Acupuncture or Oriental Medical School for them to complete.** For those schools in countries under Communist rule, presently engaged in civil war, or no longer in existence, we will accept **notarized letters from two (2) classmates, officials of the school, professors, etc.,** who will swear to your graduation and who were at the school the same time you were. These letters must give the name of the school and the dates both you and the letter writer started and graduated (month/year). The letters must be received by the WV Board of Acupuncture directly from the letter writer, not the applicant. These letters will not be accepted in lieu of Page 6 just because it would take a long time to have your school to complete this page. The Board reserves the right to determine which schools cannot/will not complete this page.

Page 7: This page is to be sent to each state where you now hold or have ever held an acupuncture or oriental medical license, whether it is now active, inactive, or lapsed. The applicant is to complete the RELEASE part of the page (down to the broken lines), leaving the rest of the page blank. Letters of good standing are also acceptable, as long as they have the Seal of the State Board upon them. This might require a fee, so check with each individual Board. You may make extra copies of this page as necessary.

Page 8: If you were first licensed by taking a State Board Examination this page must be sent to that State Board. They will, in turn, attach your scores and return the page directly to the WV Board of Acupuncture. The respective state may require a fee for this, so contact that State Board directly.

Page 9: If your application is based upon successful completion of the NCCAOM examination this page must be sent to NCCAOM. The applicant will complete the RELEASE part of the page (down to the broken lines). The NCCAOM will, in turn, attach your scores and return the page directly to the WV Board of Acupuncture. The NCCAOM may require a fee for this, so contact them directly.

Page 10: If your application is based upon successful completion of an apprenticeship this page must be sent to your mentor(s). He or she will, in turn, attach your records explaining in detail the full nature of your apprenticeship, scope of your training, and the length of time you studied. This must be returned directly to the WV Board of Acupuncture. **The letter from your instructor must be notarized.**

Page 11. **All applicants must complete and sign this page.**

**ADDITIONAL INSTRUCTIONS**

**The following must be submitted with the application:**

1. A **COPY** of your acupuncture or oriental medical school diploma. (Translation is REQUIRED if you are a foreign school graduate).
2. **COPY** of evidence or documentation which supports your claims of education, apprenticeship, licensure, NCCAOM Certification or experience if you do not submit a copy of your diploma.
3. A **COPY** of your birth certificate, passport, or citizenship documentation. Foreign nationals must also include a copy of their Immigration and Naturalization Service (INS) work visa documentation.
4. A **COPY** of your marriage license, divorce decree, or court order of change of name if the name shown on your diploma is not the same one you are now using. **You will be licensed under the name shown on your diploma** if evidence is not provided to the Board of a change of name.
5. **TWO CHECKS OR MONEY ORDERS** (DO NOT SEND CASH) made payable to the “West Virginia Board of Acupuncture” in the amount of \$75.00 and \$425.00. **The application fee is not refundable under any circumstances.** This fee will be charged again if the application process is not completed within a six-month period and the applicant reapplies. The license fee (\$425.00) will be returned if the Board does not license you.

**PLEASE SEND ORIGINAL CREDENTIALS TO THIS OFFICE**

**TO:**

**WV Board of Acupuncture  
Linda Lyter  
Executive Director  
179 Summers Street  
Suite 711  
Charleston, WV 25301**

### **Scope of Practice**

Applicants are required to understand the “Scope of Practice” which sets the limitations upon their practices in the State of West Virginia. The West Virginia Code Chapter 30, Article 36, Section 2, defines the scope of acupuncture in the State of West Virginia. This definition is further defined by Rules of the Board of Acupuncture, Title 32 as approved by the Legislature. Practitioners regulated and licensed by the West Virginia Board of Acupuncture must adhere to these guidelines. Practicing outside of the West Virginia Code or Board Rules can result in Reprimand, Probation, Fines, Suspension and finally Revocation of your licensure.

Definitions under the West Virginia Code:

**Acupuncture**- means a form of health care, based on a theory of energetic physiology, that describes the interrelationship of the body organs or functions with an associated point or combination of points.

**Moxibustion**- means the burning of mugwort on or near the skin to stimulate the acupuncture point.

**Practice Acupuncture**- means the use of Oriental medical therapies for the purpose of normalizing energetic physiological functions including pain control, and for the promotion, maintenance and restoration of health.

Therapies specifically included under the West Virginia Code:

**Needling**- the stimulation of points of the body by the insertion of acupuncture needles.

**Moxibustion**- the application of moxa to or near the acupoint.

**Manual**- the use of Oriental manual therapies for assessment and treatment, such as massage, joint mobilizations, Anma, Tuina, Shiatsu, and Qigong. These therapies can be used to correct structural imbalances only when used in accordance with traditional and modern oriental medical theory.

**Mechanical**-the use of mechanical devices, such as cups, hammers, and other mechanical vibrators which are used to assess and treat the physiological condition of an acupoint or combination of acupoints. The use of mechanical devices must be in accordance with traditional and modern oriental medical theory.

**Electrical**- the use of electrical devices for assessment and treatment, such as point stimulators, lasers, TENS units, light/spectrum therapies, ion pumps and magnets when used in accordance with traditional and modern Oriental medical theory.

**Thermal**- the use of thermal devices for assessment and treatment, such as infra red, diathermy, ultra sound, and interferential when used in accordance with traditional and modern Oriental medical theory.

**Point Puncture**- the use of sterile material medica injected into the acupuncture point for physiologic or energetic therapy when used in accordance with traditional or modern Oriental medical theory.

**Materia Medica**- the use of herbs, vitamins, minerals, organ extracts, homeopathics, or physiologic materials for energetic or physiologic therapy when used in accordance with traditional or modern Oriental medical theory.

### **Special Discrimination Clause**

Practitioners licensed by the West Virginia Board of Acupuncture cannot refuse, withhold from, deny or discriminate against any individual with regard to the provision of professional services because the individual is HIV positive. The West Virginia Board of Acupuncture will take swift disciplinary action in cases of discrimination of any type.

**West Virginia Board of Acupuncture**  
**Application Certification**

I hereby certify that I have read the preceding four (4) pages explaining the acupuncture licensure requirements for the State of West Virginia, and I understand what I have read, and I understand what I am required to produce for acupuncture licensure in the State of West Virginia. I understand that if I am unable to meet all of these requirements, including the production of all required documents and materials, I must be denied acupuncture licensure in the State of West Virginia. I hereby certify that I am able to meet all these requirements for acupuncture licensure in the State of West Virginia and that I will be able to produce all required documents and materials.

I also understand that if this application is not completed within six (6) months, I will be required to update the application fully.

I have read and understand the "Scope of Practice" and "Special Discrimination Clause" section as defined by the statutes of the State of West Virginia.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sign and date this form and return to the Board attached to the front of Page 1 of your application.



<<Read Everything on this page carefully and completely>>  
<<False or Fraudulent answers to the following questions may result in licensure denial or revocation.>>

Have you ever, in any jurisdiction, in any country, for any reason:

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 1. been called before or appeared before any board or panel for discussions or questions concerning violations of the law or rules pertaining to the practice of acupuncture or oriental medicine, or for unethical conduct?        | _____      | _____     |
| 2. been charged with or convicted of or pled nolo contendere to any felony or misdemeanor?  | _____      | _____     |
| 3. been charged with or convicted of a violation of the Controlled Substance Act or any federal, state or local law pertaining to the manufacture, distribution, prescribing, or dispensing of controlled substances?               | _____      | _____     |
| 4. had limitations, restrictions or conditions placed upon your license to practice, or had your license to practice suspended, revoked or subjected to any kind of disciplinary action, including censure, reprimand or probation? | _____      | _____     |
| 5. voluntarily surrendered or limited your license to practice acupuncture or oriental medicine?  | _____      | _____     |
| 6. been denied a license to practice acupuncture or oriental medicine in another jurisdiction or by another Board?  | _____      | _____     |
| 7. voluntarily resigned employment as an acupuncturist or oriental medical practitioner or failed to renew a license or credential to avoid, or prior to, disciplinary action?  | _____      | _____     |
| 8. Had any judgements or settlements arising from acupuncture professional liability rendered or made against you,<br>And if yes, how many ?_____   | _____      | _____     |

Have you in the last five years, **in any jurisdiction, in any state, in any country:**

- |  |       |       |
|--|-------|-------|
| 9. been addicted to, received treatment for the use or misuse of, prescription drugs and/ or illegal chemical substances, or been dependant upon alcohol or received treatment for alcohol dependancy?                         | _____ | _____ |
| 10. Had any physical or mental condition or impairment that interrupted your practice of acupuncture that might reasonably be expected to affect your ability to practice acupuncture safely and with competence at this time? | _____ | _____ |

\*\*\*\*\*  
If you answered "YES" to any of the above questions, you MUST furnish full details on an 8 1/2 X 11 sheet of paper which MUST be attached to this application.  
\*\*\*\*\*

I have carefully read the questions in this application and have answered them completely, without reservations of any kind that my answers and all statements made herein are true and correct. I understand that any license issued from this application is based on the truth of the statements contained herein, and that should I furnish any false information in this application, such act constitutes good cause for the denial or revocation of my license to practice acupuncture in the State of West Virginia.

Applicants

signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GOOD MORAL CHARACTER STATEMENT**

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, do swear to have known the  
(Name of Affiant)

applicant \_\_\_\_\_ well for \_\_\_\_\_ years and know  
(Name of Applicant)

him/her to be a person of good moral character.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Address of Affiant

\_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

My commission expires \_\_\_\_\_.

**Notary Seal**

\_\_\_\_\_  
Notary Public

**Return this form directly to:**  
West Virginia Board of Acupuncture  
179 Summers Street Suite 711  
Charleston, West Virginia 25301  
(304) 558-2235

**GOOD MORAL CHARACTER STATEMENT**

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_, am currently licensed in the  
(Name of Affiant) (Degree)

State of \_\_\_\_\_ and I do swear to have known the

applicant \_\_\_\_\_ well for \_\_\_\_\_ years and know

him/her to be a person of good moral character.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Address of Affiant

\_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

My commission expires \_\_\_\_\_.

**Notary Seal**

\_\_\_\_\_  
Notary Public

**Return this form directly to:**  
West Virginia Board of Acupuncture  
179 Summers Street Suite 711  
Charleston, West Virginia 25301  
(304) 558-2235

**False or Fraudulent Answers to these questions may result in Licensure Denial or Revocation**

**List all Health Professional Licenses Held in All States (whether active, inactive, or lapsed)**

Name of Certificate State	Year	Classification Number	Type	Based Upon NCCAOM	StateExam	Status Diploma
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(If you need more space, attach an 8 ½ x 11 sheet of paper and continue)

**Places of Residence and Occupations Since Graduation from Acupuncture School**

A. In countries other than the United States:

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B. In the United States:

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**List All Training Programs, Including Post-Graduate Since Graduation (give month/year)**

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List All State and National Acupuncture/Oriental Medical Societies of which you are a member.

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Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AFFIDAVIT**

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person described and identified; that I am of good moral character; that I have not engaged in any of the acts prohibited by the statutes of the State of West Virginia; that I am the person named in the diploma which accompanies this application; that I am the lawful holder of said diploma; that said diploma was procured in the regular course of instruction and examination without fraud or misrepresentation.

I hereby request and authorize all hospitals, medical institutions or organizations, personal references, acupuncturists, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the West Virginia Board of Acupuncture any information, files, or records required by the Board regarding my clinical ability, education, training, professional ethics, character, physical and mental health, emotional stability, veracity, and any other factors which will or may reflect upon my competence, ethical integrity or physical or mental well-being, for its evaluation of my professional qualifications for licensure in the State of West Virginia. I hereby release all such individuals and entities and their employees, agents and designees from any and all liability for the transmittal of any information or records bearing on my professional qualifications in connection with this request and authorization.

I have carefully read the questions included on each page of this 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 and understand that such an act shall constitute good cause for the denial, suspension, or revocation of my license to practice in the State of West Virginia.

A photocopy of this Affidavit shall have the same force and effect as the original.

\_\_\_\_\_  
Applicant's Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

**NOTARY SEAL**

\_\_\_\_\_  
Notary Public for the State of

\_\_\_\_\_  
Name of State

My commission expires \_\_\_\_\_, 19\_\_\_\_.

**Return this form to: West Virginia Board of Acupuncture, 179 Summers Street Suite 711  
Charleston, West Virginia, 25301 (304) 558-2235**

**Acupuncture / Oriental Medical Education**  
**Certificate of Dean, Secretary, or Registrar of Acupuncture School**  
**or Oriental Medical College**  
(Must be completed by a representative of the School)

This is to certify that \_\_\_\_\_  
(Name of Graduate)

has satisfactorily completed \_\_\_\_\_ hours of acupuncture / oriental medical education at the

\_\_\_\_\_, located at  
(Name of Acupuncture / Oriental Medical College)

\_\_\_\_\_  
(Address of Acupuncture / Oriental Medical College)

The aforesaid graduate received the degree of \_\_\_\_\_ from this

College on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(Month, Day, Year)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

**SEAL OF COLLEGE**

Return this page to:  
West Virginia Board of Acupuncture  
179 Summers Street Suite 711  
Charleston, West Virginia 25301  
United States of America

(304) 558-2235

**Verification of Licensure**

I, \_\_\_\_\_, hereby authorize and request the State Board of \_\_\_\_\_, having control of any documents, records, and other information pertaining to me, to furnish the West Virginia Board of Acupuncture information including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent information.

\_\_\_\_\_  
(Signature) (License Number) (Issue Date)

\_\_\_\_\_  
(Print Name in Full) Date of Birth Social Security No.

\_\_\_\_\_  
(Other Names Used in Obtaining Licensure) Current Address

-----  
- - - - - This section is to be completed by an official of the State Board and Returned to the West Virginia Board of Acupuncture, 179 Summers Street Suite 711, Charleston, West Virginia 25301.

State  
of: \_\_\_\_\_

Full  
Name  
of Licensee: \_\_\_\_\_

Graduate  
of: \_\_\_\_\_

License No.: \_\_\_\_\_ Issue Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Current  
Status: \_\_\_\_\_

License Method: ( ) National Board (NCCAOM) ( ) State Board  
( ) Diploma / Degree only ( ) Other : \_\_\_\_\_  
( ) Reciprocity / Endorsement with: \_\_\_\_\_

Is the applicant currently subject of a pending investigation by a licensing or disciplinary authority in your state?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Unable to Divulge \_\_\_\_\_ (If yes, please attach details)

Have formal disciplinary proceedings ever been initiated against applicant or applicant's license by a disciplinary authority in your state? Yes \_\_\_\_\_ No \_\_\_\_\_ Unable to Divulge \_\_\_\_\_ (If yes, please attach details)

Has the applicant ever had his or her license to practice Acupuncture / Oriental Medicine limited, conditioned, restricted, suspended, revoked or subjected to any kind of disciplinary action, including censure, reprimand or probation, or has the applicant ever voluntarily surrendered or limited his/her license to practice Acupuncture / Oriental Medicine, in your state?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Unable to Divulge \_\_\_\_\_ (If yes, please attach details)

Comments,  
if any: \_\_\_\_\_

Signed: \_\_\_\_\_  
**Board Seal**

Title: \_\_\_\_\_

State Board of \_\_\_\_\_

Date: \_\_\_\_\_

**Certification of State Board Examination**

I certify that \_\_\_\_\_, in the examination  
(Name of Applicant)  
before the \_\_\_\_\_ Licensing Board attained a  
(Name of Board)  
general average of \_\_\_\_\_ per cent, and that the following marks were obtained in the subjects named:

**Please List Subject and Grade Obtained by Applicant**

\_\_\_\_\_  
\_\_\_\_\_

I do further certify that a certificate to practice Acupuncture / Oriental Medicine was issued to  
said applicant on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_, upon the  
following qualifications:\_\_\_\_\_.

**Board Seal**

Signed:\_\_\_\_\_

Title:\_\_\_\_\_

Address:\_\_\_\_\_

\_\_\_\_\_

Date:\_\_\_\_\_

Return this form to:  
West Virginia Board of Acupuncture  
179 Summers Street Suite 711  
Charleston, West Virginia 25301

**Certification of NCCAOM Examination**

I, \_\_\_\_\_, hereby authorize and request the NCCAOM, having control of any records pertaining to my examination and certification, to furnish such information regarding my examination and scores to the West Virginia Board of Acupuncture.

_____	_____	_____
(Signature)	Certification No.	Issue Date
_____	_____	_____
(Print Name in Full)	Date of Birth	Social Security No.

-----  
This section to be completed by an official of the NCCA, 1424 16th Street, NW, Washington, DC 20036, phone (202) 232-1404, fax (202) 462-6157

I certify that \_\_\_\_\_, in the examination before the National Commission for Certification of Acupuncture attained a general average of \_\_\_\_\_ per cent, and that the following marks were obtained in the subjects named:

**Please List Subject and Grade Obtained by Applicant**

\_\_\_\_\_  
\_\_\_\_\_

The applicant took the exam in: ( ) English  
( ) Chinese

**NCCAOM Seal**

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Return this form to:  
West Virginia Board of Acupuncture  
179 Summers Street Suite 711  
Charleston, West Virginia 25301

**Verification of Apprenticeship**

I, \_\_\_\_\_, hereby authorize and request

that \_\_\_\_\_, having control of any documentation, records or other information pertaining to my professional training and apprenticeship, to furnish to the West Virginia Board of Acupuncture such information, including documents, records regarding that professional training.

\_\_\_\_\_  
Signature Date

-----  
This section is to be completed by the instructor of your apprenticeship.

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

Degree: \_\_\_\_\_

Licensed by: \_\_\_\_\_ License

Number: \_\_\_\_\_

Education: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I, \_\_\_\_\_, certify that \_\_\_\_\_ has satisfactorily  
(Instructor) (Apprentice)

completed \_\_\_\_\_ hours of Acupuncture / Oriental Medicine training in an apprenticeship program of education. The details of the program and the records of the applicant's work, progress, grades, and scope of training are attached. This apprenticeship included \_\_\_\_\_ hours of direct patient care or supervised clinical training. The program was approved by the State of \_\_\_\_\_, Board of \_\_\_\_\_.

The applicant started this program \_\_\_\_\_ and graduated from this program  
(Month / Day / Year)

on: \_\_\_\_\_  
(Month / Day / Year)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notary Seal**

My commission expires: \_\_\_\_\_

**Return this form to: West Virginia Board of Acupuncture, 179 Summers Street Suite 711  
Charleston, West Virginia 25301**

**State of West Virginia  
Board of Acupuncture**

179 Summers Street Suite 711  
Charleston, West Virginia 25301  
(304)558-2235

Pursuant to the provisions of West Virginia Code Section 48A-5A-5(C), the West Virginia Board of Acupuncture is required to include a new question section on all initial and all renewal applications relative to child support.

The code, Section 48-5A-5(C), states:

“Each licensing authority shall require license applicants to certify on the license application form, under penalties of false swearing, that the applicant does not have a child support obligation, the applicant does not have a child support obligation, the applicant does have such an obligation but any arrearage amount does not equal or exceed the amount of child support payable for six months, or the applicant is not the subject of a child support related subpoena or warrant. A license shall not be granted to any person who applies for a license if there is an arrearage equal to or exceeding the amount of child support payable for six months or if its determined that the applicant has failed to comply with a warrant or subpoena in a paternity or child support proceeding. The application form shall state that making a false statement may subject the license holder to disciplinary action including, but not limited to, immediate revocation or suspension of the license.”

The Board of Acupuncture requires the following page to be signed and notarized as an additional page in the application. **NO LICENSE WILL BE ISSUED WITHOUT THE FOLLOWING PAGE BEING COMPLETED.**

Child Support Affidavit

<<False or Fraudulent answers to the following questions may result in licensure denial or revocation.>>

- |  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1. I have a child support obligation.  | _____      | _____     |
| If you answered yes to the above question you must answer the following questions. |            |           |
| 2. I am current on my child support obligations.                                   | _____      | _____     |
| 3. My child support obligation is six months or more in arrears at this time.      | _____      | _____     |
| 4. I am the subject of a child support subpoena or warrant at this time.           | _____      | _____     |

\*\*\*\*\*  
 If you answered "YES" to any of the above questions, you MUST furnish full details on an 8 1/2 X 11 sheet of paper which MUST be attached to this application.  
 \*\*\*\*\*

I have carefully read the questions on this page and have answered them completely, without reservations of any kind, that my answers and all statements made herein are true and correct. I understand that false swearing can lead to disciplinary action including, but not limited to, immediate revocation or suspension of my license to practice acupuncture and oriental medicine in West Virginia.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **VII. LICENSEES**

NAME	ADDRESS	CITY	STATE	ZIP CODE	LICENSE #	ISSUED	EXPIRES
Andrea K. Brown	PO BOX 611	Harpers Ferry	WV	25425	96140	2000 - DEC	2010 - DEC
Anne H. Strozier-Adams, BA, Mac	3591 Brush Rd.	Lewisburg	WV	24901	96117	1998 - MAR	2010 - MAR
Augustus V. Saldana, M. Ac.	HC 37 Box 309B	Lewisburg	WV	24901	96197	2007 - FEB	2011 - FEB
C.P. Negri, OMD, NMD	225 Fairmont Ave.	Fairmont	WV	26554	96100	1997 - JAN	2011 - JAN
Carolyn J. Forman, OMD	507 Carters Grove Rd.	Charleston	SC	29414	96196	2007 - FEB	2009 - FEB
Christina R Armbrecht, Lac	PO BOX 1264	Charleston	WV	25325	96138	1999 - OCT.	2010 - MAR
Danny Lee Martin, OMD, ND	619 East 6th St.	Texarkana	AR	71854	96123	1998 - MAY	2010 - MAY
Darrell E. Samples, ND, OMD	2429 Eighth Ave.	Huntington	WV	25703	96101	1997 - JAN	2011 - JAN
Donna Lee DiMarco, ND, OMD	531 N. Ocean Blvd. #704	Pompano Beach	FL	33062	96193	2006 - NOV	2010 - NOV
Edwin Muniz, OMD, PhD	809 E. Bloomingdale Ave. # 421	Brandon	FL	33511	96179	2005 - SEP	2011 - SEP
Erika Lyn Weshinsky	37236 Bittersweet Ln.	Purcellville	VA	20132	96124	1998 - MAY	2010 - MAY
Eugene F. Hummel, OMD	1188 Wooster Rd.	Barberton	OH	44230	96199	2008 - AUG	2010 - AUG
Gary Lee Axley, OMD, DOM	420 Elm Street PO BOX 2256	Waldron	AK	72958	96119	1998 - MAY	2010 - MAY
James Patrick Slaymaker, Lac	1224 Pineview Dr. Suite C	Morgantown	WV	26505	96170	2004 - APR	2010 - APR
Janis Robin Woronoff, Lac	2823 Swinging Bridge Rd.	Hedgesville	WV	25427	96146	2001 - SEP	2011 - SEP
Joseph DiStefano, OMD	6776 54th Ave. N. Suite B	St. Petersburg	FL	33079	96189	2006 - JUL	2010 - JUL
Joseph W. Beakey, OMD	2700 N. 29th Ave., Suite 106	Hollywood	FL	33020	96195	2007 - JAN	2011 - JAN
Kristen Ericson, BS, MSTOM	1101 W. Portage Trail	Akron	OH	44313	96194	2006 - NOV	2008 - NOV
Michael T. Shaefer, OMD	2038 Iowa Ave. NE	St. Petersburg	FL	33703	96187	2006 - JUL	2010 - JUL
Michelle M. DeStefano MS,Mac	PO BOX 537	Shepherdstown	WV	25443	96131	1998 - NOV	2010 - NOV
Min Wang, OMD	58 Sixteenth St.	Wheeling	WV	26003	96112	1997 - MAR	2011 - MAR
Nicholas Dudley, OMD	1521 Rambler Rd.	Charleston	WV	25314	96181	2006 - JAN	2010 - JAN
Orien L. Tulp, MD, OMD	115 W Bishop Hollow Rd.	Media	PA	19063	96185	2006 - JUL	2008 - JUL
Patrick W. Hart, Jr., ND, OMD	6213 Shoalcreek Trail	Garland	TX	75044	96161	2003 - SEP	2011 - SEP
Paul John Reinhardt, ND, OMD	325 S Jefferson St.	Beverly Hills	FL	34465	96177	2005 - AUG	2009 - AUG
Per G. Otte, ND, DSc	107 Ontario Dr.	Mount Hope	WV	25880	96153	2002 - AUG	2010 - AUG
Qingguo Shang, OMD	Lifetree Ctr. 300B Prestige Park Dr.	Hurricane	WV	25526	96110	1997 - MAR	2011 - MAR
Renata Scarpa	11865 State Rt. 329	Stewart	OH	45778	96201	2009 - AUG	2011 - AUG
Richard W. Merritt, DC, OMD, PA	PO BOX 889	Lakeland	FL	33802-0889	96186	2006 - JUL	2010 - JUL
Rodney W. Merritt, DC, OMD	PO BOX 889	Lakeland	FL	33802-0889	96188	2006 - JUL	2010 - JUL
Rose Marie Jacobs, OMD	2402 Kanawha Blvd. East	Charleston	WV	25311	96152	2002 - JUL	2010 - JUL
Samantha Von Der Heydt	100 East Main St.	White Sulphur Springs	WV	24986	96158	2002 - DEC	2010 - DEC
Stacy Lee Roman, Lac	1762 Blue Horizon Dr.	Morgantown	WV	26501	96171	2004 - JUL	2010 - JUL
Stephen J. Arnett, OMD	4219 Falcon Road	Salyersville	KY	41465	96174	2005 - JUN	2011 - JUN
Tamora Rae Margraff, Mac, Lac	PO BOX 613	Great Cacapon	WV	25422	96150	2002 - MAR	2010 - MAR
Teresa A. Knudson, OMD	2175 S. Ocean Blvd. # 106	Delray Beach	FL	33483	96175	2005 - JUN	2009 - JUN
Thomas J. Mulvi, OMD, NMD	7320 Avenue T	Brooklyn	NY	11234	96184	2006 - JUL	2010 - JUL
Tiffany Riley, OMD	13051 Sunshine View Ct.	Clermont	FL	34711	96178	2005 - AUG	2009 - AUG
Tyme M. Gigliotti, OMD	2985 Normandy Dr.	Ellicott City	MD	21043	96200	2008 - SEP	2010 - SEP
William G. Von Peters, NMD, OMD	715-C Signal Moutain Rd.	Chatanooga	TN	37405	96198	2008 - JAN	2010 - JAN
William J. Neff, OMD	2175 S. Ocean Blvd. # 106	Delray Beach	FL	33483	96175	2005 - JUN	2009 - JUN
William J. Neff, OMD	365 Vail Dr.	Winter Haven	FL	33884	96192	2006 - AUG	2008 - AUG
William Koo, OMD	8829 Fort Hamilton Pkwy # A4	Brooklyn	NY	11209	96202	2009 - SEP	2011 - SEP
Zauher Karim Mahalati, OMD	PO BOX 20307	Tampa	FL	33622	96190	2006 - JUL	2010 - JUL
Zengxian Wang, OMD	111 Manor House Ln.	Berkeley Springs	WV	25411	96139	2000 - APR	2010 - APR