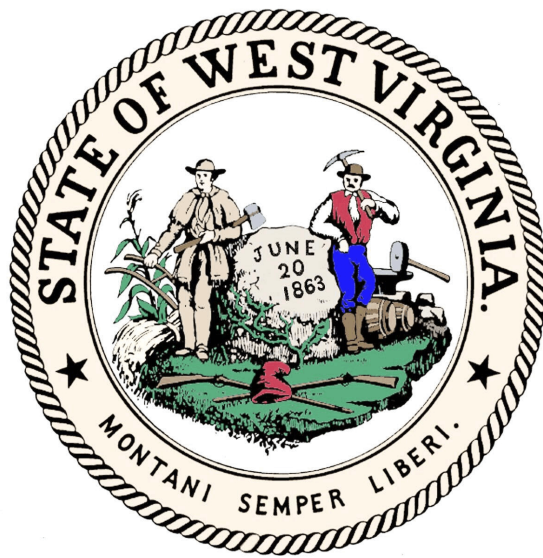


West Virginia Board of Acupuncture



Annual Report 2011 AND 2012

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@frontier.com Web Page: www.wvacupuncture.org

The Honorable Earl Ray Tomblin
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 2011 and 2012. 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
179 Summers Street Suite 711
Charleston, WV 25301
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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 2011 and Fiscal Year 2012 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

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



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

~State of West Virginia~
Board of Acupuncture

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I. SUMMARY

Summary
2011-2012 Annual Report
West Virginia Board of Acupuncture

The Board of Acupuncture was established by an act of the Legislature in 1996, W. Va. Code §30-36-1 et seq.

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 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 2011-2012, there were no complaints filed with the Board. During the two year period of 2011-2012, there were no Board initiated procedures against any license.

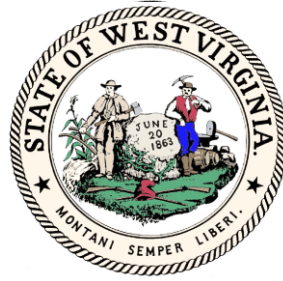
Continuing Education

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.

Respectfully submitted,
Linda Lyter
Executive Director

II. BOARD MEMBERS

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



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

~State of West Virginia~
Board of Acupuncture

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

WV Acupuncture Board Meeting Minutes

Saturday October 16, 2010

1:00 p.m.

179 Summers Street, Suite 509 Conference Room
Charleston, WV 25301

Attending: M. DeStephano, M. Hollinger, C.P. Negri, and D.E. Samples, Board members
and L. Lyter, Executive Director

1. Quorum established
2. Tabled vote on election of officers, motion by Hollinger seconded by DeStephano. Motion passed.
3. Approved board minutes from 8-29-2009, moved by Hollinger seconded by DeStephano. Motion passed.
4. Discussed licensure requirements for other health care professions, with no motion.
5. Reviewed new and potential licensees, authorized L Lyter to continue issuing licenses as per WV Code, moved by Hollinger seconded by Negri. Motion passed.
6. Financial report given by Lyter. Reviewed by the Board without amendments or alterations to current budget. Motion to continue with current financial plan, authorizing Lyter to develop the fiscal budgets per WV Code, moved by Negri seconded by Hollinger. Motion passed.
7. Discussed authorizing the purchase of file cabinet for office by Lyter. Motion by Negri seconded by Samples. Motion passed.
8. Discussion of Board representation and participation at AAOM national meetings in Spring 2011, Samples and Lyter to attend. Motion by Hollinger seconded by DeStephano. Motion passed.
9. Complaint originating with Board regarding Mountain Mama's reviewed and referred to Massage Therapy Licensure Board. Motion by Samples seconded by Hollinger. Motion passed.
10. Discussion of letter to licensees regarding PEIA billing. Motion by Samples, seconded by DeStephano. Motion passed.

11. Fees. Lyter suggested fee increases for licensees to continue normal operations of the Board. This would need to be authorized by the Legislature. Discussion of creating a rule change to the Boards (CRS). Motion by Negri seconded by DeStephano. Motion passed. Rule change will require additional Board meeting.
12. Discussion of Scope of Practice letter, copy given to Lyter for distribution on request. No changes to Scope of Practice letter. No motion on discussion.

Meeting adjourned.

IV. FINANCIAL REPORT

**WEST VIRGINIA BOARD OF ACUPUNCTURE
FINANCIAL STATEMENT FOR FISCAL YEAR 2011**

Annual Total Amount

Expenditures

001	Payroll	\$6,071.20
011	Social Security Matching	\$68.87
020	Office Supplies	\$308.32
022	Lease/Rental	\$663.60
023	Utilities	\$7.29
024	Telecommunications	\$19.99
025	Professional Services	\$0.00
026	Travel	\$665.08
027	Computer Services	\$79.75
031	Membership Dues	\$0.00
032	BRIM Insurance Premium	\$2,352.00
052	Training/Development	\$99.00
053	Postage	\$59.37
054	Computer Supplies	\$0.00
058	Miscellaneous Equipment	\$0.00

Total **\$10,394.47**

Annual Total Amount

7/1/11	Cash Balance	\$24,018.62
2011	Gross Revenue	\$8,710.00
	Revenue Refunds	\$0.00
2011	Expenditures	\$10,394.47
	Annual Spending Authority For Fiscal Year 2011	\$20,000.00

**WEST VIRGINIA BOARD OF ACUPUNCTURE
FINANCIAL STATEMENT FOR FISCAL YEAR 2012**

Expenditures

001	Payroll	\$6,458.22
011	Social Security Matching	\$80.36
020	Office Supplies	\$75.90
022	Lease/Rental	\$663.60
023	Utilities	\$0.00
024	Telecommunications	\$6.37
025	Professional Services	\$0.00
026	Travel	\$575.28
027	Computer Services	\$761.94
031	Membership Dues	\$0.00
032	BRIM Insurance Premium	\$2,032.00
052	Training/Development	\$0.00
053	Postage	\$64.48
054	Computer Supplies	\$39.99
058	Miscellaneous Equipment	\$357.45

Total **\$11,115.59**

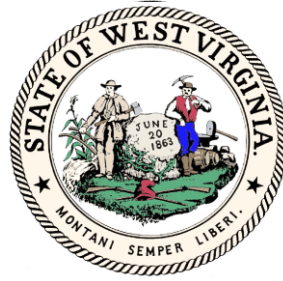
Annual Total Amount

Annual Total Amount

7/1/12	Cash Balance	\$22,078.56
2012	Gross Revenue	\$10,960.00
	Revenue Refunds	\$50.00
2012	Expenditures	\$11,115.59
	Annual Spending Authority For Fiscal Year 2012	\$16,000.00

V. COMPLAINTS / INVESTIGATIONS

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



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

~State of West Virginia~
Board of Acupuncture

V. COMPLAINTS / INVESTIGATIONS

During the two year period of 2011-2012, there were no disciplinary actions taken on any license during this period.

During the two year period of 2011-2012, 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.

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

APPLICATION FOR LICENSURE BY: (Check only one)

Diploma Examination Endorsement Apprenticeship
 NCCAOM Certification (Date: ___/___/___) Experience

PLEASE TYPE OR PRINT CLEARLY

Name: _____
 (Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Business Phone: _____ Home Phone: _____

Date of Birth: _____ Place of Birth: _____

If female and married, list maiden name: _____

Name and Address of Acupuncture or Oriental Medical School: _____

Date of Graduation: _____

Type of Practice: _____ Board Specialty (if certified): _____

Board Certified: Yes _____ No _____ Date Certified: _____

Social Security Number: _____/_____/_____
Sex: Male _____ Female _____

IDENTIFICATION

Height: _____
Weight: _____
Color of Eyes: _____
Color of Hair: _____

PHOTOGRAPH

Tape photograph here. Must have been taken within one year of application. Enter date photo was taken and sign in ink across the bottom. Photo must be able to fit here.

<<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,
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
------------------------------	------	--------------------------	------	----------------------	-----------	-------------------

(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:

B. In the United States:

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

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

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	CITY	STATE	ZIP CODE	LICENSE #	ISSUED	EXPIRES
Stephen J. Arnett, OMD	Salyersville	KY	41465	96174	2005 - JUN	2013 - JUN
Gary Lee Axley, OMD, DOM	Waldron	AK	72958	96119	1998 - MAY	2010 - MAY
Joseph W. Beakey, OMD	Hollywood	FL	33020	96195	2007 - JAN	2013 - JAN
Andrea K. Brown	Harpers Ferry	WV	25425	96140	2000 - DEC	2014 - DEC
Herbert J. Clark II, Mac	Shepherdstown	WV	25443	96207	2010 - OCT	2014- OCT
Michelle M. DeStefano MS,Mac	Shepherdstown	WV	25443	96131	1998 - NOV	2014 - NOV
Donna Lee DiMarco, ND, OMD	Pompano Beach	FL	33062	96193	2006 - NOV	2010 - NOV
Joseph DiStefano, OMD	St. Petersburg	FL	33079	96189	2006 - JUL	2014 - JUL
Nicholas Dudley, OMD	Boulder	CO	80304	96181	2006 - JAN	2010 - JAN
Kristen Ericson, BS, MSTOM	Akron	OH	44313	96194	2006 - NOV	2008 - NOV
Carolyn J. Forman, OMD	Charleston	SC	29414	96196	2007 - FEB	2009 - FEB
Tyme M. Gigliotti, OMD	Ellicott City	MD	21043	96200	2008 - SEP	2010 - SEP
Lindsey D. Goldammer	Spencer	IA	51301	96206	2010 - MAY	2012 - MAY
Patrick W. Hart, Jr., ND, OMD	Garland	TX	75044	96161	2003 - SEP	2013 - SEP
Eugene F. Hummel, OMD	Barberton	OH	44230	96199	2008 - AUG	2014 - AUG
Julie Hwang, MSOM	Ashville	NC	28806	96215	2012 - MAR	2014 - MAR
Rose Marie Jacobs, OMD	Charleston	WV	25311	96152	2002 - JUL	2014 - JUL
Eunice Yeon-Seung Jeon, MSOM	Brea	CA	92821	96208	2010 - NOV	2012 - NOV
Chang Hoon Jeon, MSOM	Brea	CA	92821	96209	2010 - NOV	2012 - NOV
Darshan S. Khalsa, Lac, DOM	Reston	VA	20190	96204	2010 - MAY	2014 - MAY
Teresa A. Knudson, OMD	Delray Beach	FL	33483	96175	2005 - JUN	2009 - JUN
William Koo, OMD	Brooklyn	NY	11209	96202	2009 - SEP	2011 - SEP
Sang Sock Lee,	Morgantown	WV	26505	96211	2011 - JUL	2013 - JUL
Patricia M. Link, LAc	Ripley	WV	25510	96217	2012 - AUG	2014 - AUG
Zauher Karim Mahalati, OMD	Indian Rocks Beach	FL	33785	96190	2006 - JUL	2014 - JUL
Mark J. Mamuszka, MSAOM	Austin	TX	78702	96218	2012- AUG	2014 - AUG
Tamora Rae Margraff, Mac, Lac	Berkeley Springs	WV	25411	96150	2002 - MAR	2014 - MAR
Danny Lee Martin, OMD, ND	Texarkana	AR	71854	96123	1998 - MAY	2014 - MAY
Richard W. Merritt, DC, OMD, PA	Lakeland	FL	33802-0889	96186	2006 - JUL	2014 - JUL
Rodney W. Merritt, DC, OMD	Lakeland	FL	33802-0889	96188	2006 - JUL	2014 - JUL
Dixie Marie Mullineaux, LAc	Baltimore	MD	21208	96214	2012 - MAR	2014 - MAR
Thomas J. Mulvi, OMD, NMD	Brooklyn	NY	11234	96184	2006 - JUL	2014 - JUL
Edwin Muniz, OMD, PhD	Brandon	FL	33511	96179	2005 - SEP	2011 - SEP
William J. Neff, OMD	Winter Haven	FL	33884	96192	2006 - AUG	2008 - AUG
C.P. Negri, OMD, NMD	Morgantown	WV	26505	96100	1997 - JAN	2015 - JAN

Per G. Otte, ND, DSc	Mount Hope	WV	25880	96153	2002 - AUG	2014 - AUG
Christina R Peraino, Lac	Charleston	WV	25325	96138	1999 - OCT	2014 - MAR
Paul John Reinhardt, ND, OMD	Beverly Hills	FL	34465	96177	2005 - AUG	2009 - AUG
Tiffany Riley, OMD	Clermont	FL	34711	96178	2005 - AUG	2009 - AUG
Stacy Lee Roman, Lac	Morgantown	WV	26501	96171	2004 - JUL	2014 - JUL
Augustus V. Saldana, M. Ac.	Lewisburg	WV	24901	96197	2007 - FEB	2014 - FEB
Darrell E. Samples, ND, OMD	Huntington	WV	25703	96101	1997 - JAN	2013 - JAN
Renata Scarpa	Marietta	OH	45750	96201	2009 - AUG	2013 - AUG
Michael T. Schaefer, OMD	St. Petersburg	FL	33703	96187	2006 - JUL	2014 - JUL
Dal Seok Seo, MSOM	Garden Grove	CA	92844	96210	2011 - FEB	2013 - FEB
Qingguo Shang, OMD	Hurricane	WV	25526	96110	1997 - MAR	2011 - MAR
James Patrick Slaymaker, Lac	Morgantown	WV	26505	96170	2004 - APR	2012 - APR
Angela H. Snodgrass, OMD	Front Royal	WV	22630	96205	2010 - MAY	2012 - MAY
Anne H. Strozier-Adams, BA, Mac	Lewisburg	WV	24901	96117	1998 - MAR	2014 - MAR
Jason R. Trombley, Lac	Core	WV	26541	96212	2011 - JUN	2013 - JUN
Orien L. Tulp, MD, OMD	Media	PA	19063	96185	2006 - JUL	2008 - JUL
Suzanne W. Vance, DOM, Mac	Earlsville	VA	22936	96216	2012 - JUN	2014 - JUN
Samantha Von Der Heydt	White Sulphur Springs	WV	24986	96158	2002 - DEC	2014 - DEC
William G. Von Peters, NMD, OMD	Chatanooga	TN	37405	96198	2008 - JAN	2014 - JAN
Jennifer N. Walker, MSOM	Davis	WV	26260	96213	2011 - DEC	2013 - DEC
Min Wang, OMD	Wheeling	WV	26003	96112	1997 - MAR	2013 - MAR
Zengxian Wang, OMD	Berkeley Springs	WV	25411	96139	2000 - APR	2014 - APR
Eric L. Warden	Siler City	NC	27344	96203	2012 - JAN	2012 - JAN
Erika Lyn Weshinskey	Purcellville	VA	20132	96124	1998 - MAY	2014 - MAY
Janis Robin Woronoff, Lac	Hedgesville	WV	25427	96146	2001 - SEP	2013 - SEP
Jeffrey T. Worth, RN, OMD	Boonsboro	MD	21713	96102	1997 - JAN	2013 - JAN