



**ALLIED MEDICAL ACUPUNCTURISTS SUPPLEMENTAL APPLICATION**  
 SUBMIT WITH ALLIED MEDICAL GENERAL APPLICATION

**GENERAL INFORMATION:**

1. Square feet of total office space (all locations): \_\_\_\_\_

2. Does your state license or register acupuncturists?  No  Yes

3. Applicant's license number: \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_

4. Are you NCCA certified?  No  Yes

If yes, please provide: Certification date \_\_\_/\_\_\_/\_\_\_

Certification # \_\_\_\_\_

Expiration date of certificate \_\_\_/\_\_\_/\_\_\_.

Are you a member of AAAOM?  No  Yes

Current Member No. \_\_\_\_\_

5. Describe professional training and experience or attach a current resume:  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Indicate professional societies or associations in which applicant is a member:  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Is applicant associated with or does applicant work for a physician or surgeon?  No  Yes

8. Indicate percent of time spent in the following work locations:

- \_\_\_ % Administrative Office      \_\_\_ % Patient Home
- \_\_\_ % Classroom                      \_\_\_ % Professional Office (specify profession) \_\_\_\_\_
- \_\_\_ % Nursing Home                  \_\_\_ % Other (specify) \_\_\_\_\_
- \_\_\_ % Outpatient Clinic

9. Provide number of patient or client encounters:

	<b>Number of Client Contacts Last 12 Months</b>	<b>Number of client Contacts Next 12 Months</b>
Type of Client Contact		
Clinic		
Office		
Pro Bono		
Total number of contacts		

10. Do you perform or assist in any surgical procedures?  No  Yes

11. List ALL surgical procedures performed (including minor surgery)  
 \_\_\_\_\_  
 \_\_\_\_\_

Is anesthesia (other than topical or by means of local infiltration) administered by either yourself or others?  
 \_\_\_\_\_  
 \_\_\_\_\_

\* Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.  
 \* not applicable in all state

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_