

**C.P. Negri, OMD, NMD**  
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Huntington

**Brian Stephen Love, MD**  
Morgantown

## **State of West Virginia**

**Board of Acupuncture**  
**179 Summer Street, Suite 711**  
**Charleston, West Virginia 25301-2122**  
**(304) 558-1060**  
**(304) 558-1061 fax**

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

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

**Marian J. Hollinger**  
**Public Representative**  
Morgantown

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

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 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. 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.

## **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:**

- 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 Summer Street, Suite 711  
Charleston, West Virginia 25301-2122  
(304) 558-1060

**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 Summer Street, Suite 711  
Charleston, West Virginia 25301-2122  
(304) 558-1060

**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		Classification		Based Upon		Status
State	Year	Number	Type	NCCAOM	StateExam	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 Summer Street, Suite 711;  
Charleston, West Virginia, 25301-2122, (304) 558-1060**

**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 Summer Street, Suite 711  
Charleston, West Virginia 25301-2122  
United States of America

(304) 558-1060

**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)  
\_\_\_\_\_  
Name in Full) Date of Birth Social Security No. (Print  
\_\_\_\_\_  
(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 Summer Street, Suite 711, Charleston, West Virginia 25301-2122.

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: \_\_\_\_\_

**Board Seal**

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

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 Summer Street, Suite 711  
Charleston, West Virginia, 25301-2122



**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

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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  
(Instructor) (Apprentice)  
satisfactorily 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 Summer Street, Suite 711;  
Charleston, West Virginia 25301-2122**

**State of West Virginia  
Board of Acupuncture**

179 Summer Street, Suite 711  
Charleston, WV 25301-2122  
(304) 558-1060

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 it is 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: \_\_\_\_\_