Douglas A. Ducey Governor

Jamie Fitzgerald, L.Ac. Chairman



Acupuncture Board of Examiners

David Geriminsky Executive Director

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VISITING PROFESSOR CERTIFICATE APPLICATION A.R.S. § 32-3926 and R4-8-208

Scope of Certificate:

To practice acupuncture only in relation to the certificate holder's faculty position duties in the State of Arizona.

Certificate Period:

One year and may be renewed annually

REQUIREMENTS FOR CERTIFICATION

- 1. Documentation of at least five years of experience in the practice of acupuncture
- 2. Evidence of skill and training in the subject that the applicant will be teaching, including one of the following:
 - a. Documentation from a college or university of experience, education, or other training in the subject the applicant will be teaching;
 - b. Documentation of experience in teaching the same or similar subject matter content within the two years before the application; or
 - c. Documentation of one year of experience within the last two years in the specialized area in which the applicant is teaching; and
- 3. A detailed plan outlining the duties of the visiting professor.
- 4. A photograph taken within the past year, not less than 2" x 2".
- 5. Submit this application with your signature to the address above.
- 6. Pay certificate fee in the amount of \$600.00 (R4-8-106 (A)(8))
- 7. A completed Arizona Statement of Citizenship and Alien Status for State Public Benefits form and proof of citizenship or legal alien status.

A.R.S. 41-1030(B) An Agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule, or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or conditions.

A.R.S. 41-1030(D) This section may be enforced in a private civil action and relief may be awarded against the State. The Court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the State for a violation of this section.

A.R.S. 41-1030 (E) A State employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

A.R.S. 41-1030 (F) This section does not abrogate the immunity provided by Section 12-820.01 or12-820.02. Notice:

Pursuant to section 41-1093.01, Arizona revised statutes, an agency shall limit all occupational regulations to regulations that are

demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern. Pursuant to sections 41-1093.02 and 41-

1093.03, Arizona revised statutes, you have the right to petition this agency to repeal or modify the occupational regulation or bring an action in a court of general jurisdiction to challenge the occupational regulation and to ensure compliance with section 41-1093.01, Arizona revised statutes.

| Received: | Receipt#: | Check#: | Amount: |
|---|-----------|---------------------|--------------------------------------|
| | PERSO | DNAL INFORMATION | |
| Last Name: | | | |
| First Name: | | | |
| Middle Name: | | | |
| Other names known by: | | | |
| Date of Birth: | | | |
| Social Security Number: | | | |
| | | | |
| Address: | | | |
| City: | | | |
| State: | | | |
| Zip Code: | | | |
| Phone (Home/Mobile): | | | |
| Email: | | | |
| Home telephone numbers a | | | hese are the only numbers of record. |
| | В | USINESS ADDRESS | |
| Employment Status Business Name or Employer Name: | | Self Employed 🗌 Hav | e an Employer 🗌 |
| Address: | | | |
| City: | | | |
| State: | | | |
| Zip Code: | | | |
| Phone (Home/Mobile): | | | |
| Email: | | | |

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PROFESSIONAL HEALTHCARE LICENSURE, CERTIFICATION, OR EXPERIENCE

Are you permitted by law to practice a healthcare profession in Arizona, another state, territory, or district of the United States, or another country or subdivision of another country?

Yes No

If so, please list the jurisdiction(s) in which you have been permitted by law to practice healthcare profession:

| Healthca | are Profession | License Number | Date Issued | Expiration Date | Limitations on License | Status of License |
|------------|----------------|---------------------------------|---|--|---|------------------------------------|
| | | | | | | |
| | | | | | | |
| Yes | No | Do you hav | e at least five ye | ars of experience i | n the practice of Ac | cupuncture? |
| | | • • | ease provide doc g acupuncture | umentation detailin | g at least five years of | of experience |
| | | Edu | JCATION, SKIL | L AND TRAINING | T | |
| Yes Yes | No No | Do you hav If yes, pl | e skill and train | ing in the subject | n accredited in the U that you will be teac described in the requi | ching? |
| School of | Graduation an | d Location | Dates of Atte | endance | Diploma or Degree | Obtained |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | CHARACTER A | AND FITNESS | | |
| Yes | No | the United or denied yo | States or any other or a license or cer | er country or subdi- tificate to practice a | other state, district, or vision of any country acupuncture, or revol arding your license or | v, ever refused ked, suspended, |

3 | **P** a g e State of Arizona Acupuncture Board of Examiners Visiting Professor Certificate Initial Application

| | | practice acupuncture? |
|-----|----|---|
| Yes | No | Do you have any condition that may impair your ability to practice acupuncture safely and skillfully? |
| Yes | No | Have you ever been convicted of a crime, other than a minor traffic offense? Include pleas of guilty and no contest, conviction for driving under the influence of drugs or alcohol. |
| Yes | No | Has a claim for malpractice ever been made against you or has a lawsuit ever been filed against you, alleging professional malpractice or negligence in the practice of acupuncture? |
| Yes | No | Has any health care facility ever terminated, restricted, or taken any other action regarding your employment, professional training, or privileges, or have you ever voluntarily or involuntarily resigned from a health care facility while under investigation? |

If you answered YES to any question, you must attach a letter of explanation, and documents or records that have original (not photocopied) signature, stamp or seal of the official authorized to maintain the records or documents. If you were convicted of a crime, include in your detailed written explanation the nature of the crime, date of conviction, and current status.

NOTICE: Pursuant to A.R.S. 32-3208 an applicant who has been charged with a misdemeanor or felony involving conduct that may affect patient safety after submitting an initial application or an application for renewal must notify the regulatory board in writing within ten working days after the charge is filed.

OUTLINE OF THE DUTIES OF THE VISITING PROFESSOR

Please provide below a detailed outline of the duties of the visiting professor:

AFFIDAVIT

| I hereby certify that under penalties of perjury, I declare and affirm that the statements made in this application, |
|--|
| including accompanying statements and transcripts, are true, complete and correct. I understand that any false |
| or misleading information, in or in connection with my application may be cause for denial or loss of |
| certification. |

Signature of Applicant: _____ Date:



A PHOTOGRAPH

TAKEN WITHIN THE PAST YEAR