

Steve Sisolak, Governor



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Merle Lok, *Executive Director*

STATE OF NEVADA
BOARD OF ORIENTAL MEDICINE
3191 E. Warm Springs Rd.
Las Vegas, NV 89120
Phone: 702-675-5326/Fax: 702-989-8584
Email: omboardexecutivedirector@gmail.com

10/20/2020

Dear Doctor,

This is a friendly reminder regarding the renewal of your OMD licenses as your current license expire on 2/1/2021. Attached is a copy of the Licensure Renewal for Calendar Year 2021 Fact Sheet (“Renewal Form”) or you can go to the FORMS tab at our website at orientalmedicine.nv.gov/ where you can find the same Renewal Form.

Please remit the completed Renewal Form, the license fee of \$700 payable to the Nevada State Board of Oriental Medicine, and your CEU certificate(s) by 12/31/2020 to ensure timely processing. We will accept these documents until the postmarked date of 1/31/2021 without a late fee. (However, please understand that if you send in your packet after 12/31/2020, you may get your new license card after 2/1/2021.)

If you received your license **AFTER** January 1, 2019, please attach your NCCAOM Oriental Medicine Certification to the Renewal Form.

You can send your Renewal Form, check, and CEU certificate(s) to our address at:

Nevada State Board of Oriental Medicine
3191 E. Warm Springs Rd.
Las Vegas, NV 89120

If you have any questions, please do not hesitate to contact us.

Thank you.

Yours truly,

Maggie Tracey, OMD, President, and Merle Lok, Executive Director

LICENSURE RENEWAL FOR CALENDAR YEAR 2021 FACT SHEET

Please remit your license fee, the completed fact sheet and CEU Certificate(s) by 12/31/20. Failure to comply may result in late processing and additional late fees.

Licensee Name: _____
(Please print the name as it appears on your license)

License Number: _____ Date of original issue: _____

Name of your business: _____

Business address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Home Phone: _____

Email address: _____

LICENSURE SCREENING QUESTIONNAIRE

If you answer "yes" to any of the screening questions, please give the details on a separate sheet of paper.

1. In the past year, I have completed 10 hours of continuing education and attached the certificate of completion (Must be previously approved by the Board) Yes___ No___
2. In the past two years, I have been convicted of a felony. Yes___ No___
3. In the past two years, I have been convicted of a morals charge. Yes___ No___
4. In the past two years, I have been treated for the use of narcotics. Yes___ No___
5. In the past two years, I have been treated for the use of alcohol. Yes___ No___
6. In the past two years, my license by any governmental agency has had some type of action taken against it. Yes___ No___
7. In the past two years, I have been treated for a physical or mental condition which may impact upon my ability to practice Oriental Medicine. Yes___ No___

CHILD SUPPORT INFORMATION

Please initial next to the statement which best describes your situation.

_____ I am NOT subject to a court order for the support of one or more children.

___ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

_____ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

MILITARY SERVICE

Please initial next to the statement which best describes your situation.

_____ I am a veteran or a service member of the United States military.

_____ I am NOT a veteran or a service member of the United States military.

MALPRACTICE INSURANCE INFORMATION

Do you have malpractice insurance? YES _____ NO _____

If YES, please complete the questions below:

Name of Your Malpractice Insurance Provider: _____

Address of Your Malpractice Insurance Provider: _____

Phone number of Your Malpractice Insurance Provider: _____

Date of Expiration: _____

CARDIOPULMONARY RESUSCITATION (“CPR”) CERTIFICATION INFORMATION

Are you currently certified in CPR? YES _____ NO _____

FOR LICENSEES AFTER JANUARY 1, 2019 ONLY. Please do not complete if you received your license prior to January 1, 2019.

I received my NCCAOM Oriental Medicine Certification on _____ (date) and it expires on _____ (date). Attached is a copy of my most current NCCAOM Oriental Medicine Certification.

I attest that the information provided above is factual and accurate.

Signature

Date

**ENDORSEMENT FOR ACUPUNCTURE POINT INJECTION THERAPY
(NRS 634A.142)**

Please complete this page if you are practicing acupuncture point injection therapy. You do not have to submit this page if you are not practicing acupuncture point injection therapy and it does not affect your license renewal.

I am applying for endorsement for acupuncture point injection therapy. I am attaching the following:

(a) Proof of postgraduate coursework approved by the National Certification Commission for Acupuncture and Oriental Medicine or a successor organization which provides at least 24 hours of instruction provided in person, including, without limitation, at least 8 hours of instruction received by practicum and 2 hours of training in the administration of intramuscular epinephrine; and

(b) Proof of a policy of professional liability insurance which insures the applicant against any liability arising from the provision of acupuncture point injection therapy by the applicant.

Please note that:

(a) A licensee who is issued an endorsement to practice acupuncture point injection therapy may only inject substances for which the licensee has received training which may include, without limitation, nutritional, homeopathic and herbal substances.

(b) As used in this section, “acupuncture point injection therapy” means the subcutaneous, intramuscular and intradermal injection of substances to stimulate acupuncture points, ashi points and trigger points to relieve pain and prevent illness.

I attest that the information provided above is factual and accurate.

Signature

Date

Name (print)

License No.