



STATE OF NEVADA BOARD OF ORIENTAL MEDICINE

Dear Applicant:

Thank you for your expressed interest in obtaining a license in the State of Nevada **by endorsement** under the jurisdiction of the Board of Oriental Medicine. The following are instructions to help you in completing your application; please read through them carefully.

***Please visit our website at <http://orientalmedicine.state.nv.us> and read through it to familiarize yourself with our regulations before completing your application to make sure that you comply with our licensure requirements.**

***This application is specifically for license by endorsement per Senate Bill 69 of the 2017 Nevada Legislature. Note that this application is for licensure by endorsement in compliance with SB 69, NRS 634A.120, and NRS 634A.140.**

1. Read the entire application before writing a single answer. By familiarizing yourself with the questions and the paperwork you can better organize your time and provide more complete answers. Please complete all pages of the application.
2. Write legibly. If the application is illegible it will not be processed in a timely manner.
3. Contact your Oriental Medical school/training program for transcripts and have them send the paperwork, sealed and certified, directly to our board office. There also should be a letter from your school/training program verifying that you have graduated and had training in herbology. There might be a fee for these documents. Please call ahead and inquire what the fee will be and attach it along with your request for the transcripts. Any transcripts or translation fees will be an additional cost incurred by you.
4. Copies of National score reports, which show results from passing the exams for the **Oriental Medicine Certification** and being certified from the National Organization NCCAOM, must be sent directly to the board office from NCCAOM.
5. Letter verifying your license held in the District of Columbia or any state or territory of the United States or foreign country for at least 6 of the 8 years immediately preceding the date of the application and verifying whether there has been any disciplinary action against you.
6. Obtain and submit with your application any documents that are relevant to the applicant's background and personal history for the Board's investigation (i.e. judgment of conviction, satisfaction of judgment, or order resolving disciplinary action in another jurisdiction).

7. Pages 12 and 13 must be notarized.

8. Attach a money order, cashier's check or personal check in the amount of One Thousand dollars (\$1,000.00) made payable to the Nevada State Board of Oriental Medicine for the application fee. This fee is for the processing of your application only. If you do not submit a fee of \$1,000.00 with your application to the Board, your application will not be accepted or processed.

9. Fingerprints: You must complete a fingerprint-based background check as part of the application process. Please start this as soon as possible, it can take up to three months to get the results back. Your fingerprints card must be completed by an authorized person at any authorized place authenticated by any local governments (such as police departments, sheriff's office or other authorized fingerprint locations). You are responsible for getting the appointment with the authorized entity. They will supply the fingerprint card. You then submit your fingerprint card along with your application to us and we will submit this card to the **Department of Public Safety** for you. There is a separate \$40.25 fee for processing your fingerprint cards. The fee is paid to the **Department of Public Safety (DPS)** and must be in the form of a Cashier's Check. If any further investigations are needed the costs arising from extra investigations are the applicant's responsibility. Fingerprints must be readable. If your fingerprint card cannot be processed, it must be done again and additional fees may be required. For your fingerprints to be processed, please print out the **Fingerprint Background Waiver** from our website, fill it out, sign it and include it with your application. Your application cannot be completed without the fingerprint results.

10. The application process may take several months. State Board exams are given twice per year in June and December and sometimes in March/April or September/October depending on the number of applicants. It is recommended that you submit your application at least 4-6 months ahead of the month you wish to take the exam. **ALL OFFICIAL DOCUMENTS MUST BE RECEIVED AT LEAST 45 DAYS BEFORE THE EXAM DATE.** The fee to take the State Board exam is \$1,000.00 (One Thousand Dollars). This fee is in addition to the application fee and is due upon approval to sit for the State Board exam. The Executive Director will contact the applicant regarding exam scheduling once a completed application is approved.

If you have any questions, you may email us at omboardexecutivedirector@gmail.com.

Revised 9/2023

APPLICATION CHECKLIST

All applicants must have:

_____ Successfully completed an accredited program of study in Oriental medicine at a school or college of Oriental medicine;

_____ A letter from the school verifying that the program of study **MUST HAVE** included training or instruction in the subject of herbology;

_____ A letter verifying that you have been licensed in the District of Columbia or any state or territory of the United States or foreign country for at least 6 of the 8 years immediately preceding the date of the application **AND** verifying whether there has been any disciplinary action against you sent directly from the issuing state agency;

_____ Certified copies of any diplomas, transcripts, licenses and certificates will be forwarded directly to the Board from the issuing entity;

_____ Evidence of passing the examinations and being certified for the Oriental Medicine Certification by NCCAOM;

_____ Completed Fingerprint Background Waiver form (from our website under FORMS);

_____ 1 Fingerprint Card enclosed along with \$40.25 fee in the form of a cashier's check made payable to the **Department of Public Safety**;

_____ Bachelor's degree from an accredited college or university in the U.S. (if applicable)



**SB 69 ENDORSEMENT APPLICATION FOR
LICENSURE BY THE STATE OF NEVADA BOARD OF
ORIENTAL MEDICINE**

The undersigned hereby applies for a license under NRS 634A and NAC 634A with full knowledge that all statements made in this application may be subject to investigation, including a check of fingerprints, police records, and former employers. Any false or dishonest answers to any questions in this application may be grounds for refusal, subsequent revocation or suspension of a license.

Personal Information

Name: _____

Present Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

How long have you been at this address? _____

If the above address covers less than three (3) years, please list your full address for the last three (3) years. Use additional paper if necessary. Please specify length of time at each residence.

Former Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

How long have you been at this address? _____

Your Date of Birth: _____ Marital Status: _____

Your Place of Birth by City, State, Country: _____

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

Weight: _____ List any identifying characteristics, scars, tattoos: _____

Have you been, or are you in the United States Military Service: YES _____ NO _____

Information of Undergraduate School of College or University attended

1 .

Name of School	
Address of Location	
Term (From – To)	
Length (Years & Months)	
Major	
Degree Obtained	
Year of Graduation	

2 .

Name of School	
Address of Location	
Term (From – To)	
Length (Years & Months)	
Major	
Degree Obtained	
Year of Graduation	

3 .

Name of School	
Address of Location	
Term (From – To)	
Length (Years & Months)	
Major	
Degree Obtained	
Year of Graduation	

4 .

Name of School	
Address of Location	
Term (From – To)	
Length (Years & Months)	
Major	
Degree Obtained	
Year of Graduation	

Information of School or College of Oriental Medicine attended

1.

Name of School		
Address of Location		
Term (From – To)		
Length (Years & Months)		
Degree Obtained		Year of Graduation
Total Credits & Hours accomplished	() Didactic Hours () <u>Clinical Hours</u>	
	() Total Hours	

2.

Name of School		
Address of Location		
Term (From – To)		
Length (Years & Months)		
Degree Obtained		Year of Graduation
Total Credits & Hours accomplished	() Didactic Hours () <u>Clinical Hours</u>	
	() Total Hours	

3.

Name of School		
Address of Location		
Term (From – To)		
Length (Years & Months)		
Degree Obtained		Year of Graduation
Total Credits & Hours accomplished	() Didactic Hours () <u>Clinical Hours</u>	
	() Total Hours	

4.

Name of School		
Address of Location		
Term (From – To)		
Degree Obtained		Year of Graduation
Total Credits & Hours accomplished	() Didactic Hours () <u>Clinical Hours</u>	
	() Total Hours	

Licensure Screening Questions

Have you ever been convicted of a felony? YES _____ NO _____

Have you ever been convicted of a crime of moral turpitude? YES _____ NO _____

Have you ever had a license issued by a governmental agency which had some type of disciplinary action taken against you? (i.e. suspension, revocation, probation, restriction, etc.) YES _____ NO _____

Have you ever been addicted to the use of narcotics? YES _____ NO _____

Have you ever been addicted to alcohol? YES _____ NO _____

Have you ever been expelled from a professional society? YES _____ NO _____

_____ Have you a physical condition, which may impact your ability to practice Oriental Medicine? YES _____ NO _____

Have you a mental condition, which may impact your ability to practice Oriental Medicine? YES _____ NO _____

If you answered "YES" to any of the above, give details on a separate sheet of paper.

Professional Information

Do you hold, or have you ever held, a license issued by a governmental agency in any country, including the United States, to practice Oriental Medicine? YES _____ NO _____

If "YES", please have the issuing entity send a copy of verification and whether there has been any disciplinary action against you to the Nevada Board of Oriental Medicine and answer the questions below.

When was it issued? _____ Expiration _____

Where was it issued? _____

What is the License Number? _____

Issuing Agency? _____

SB 69 Licensure By Endorsement Screening Questions

1. **Have you ever been disciplined by any regulatory authority of the District of Columbia or any state or territory of the United States or other country in which you currently hold or have held a license to engage in the practice of Oriental Medicine? YES _____ NO _____**

2. **Have you ever been held civilly or criminally liable in the District of Columbia or any state or territory of the United States or other country for misconduct relating to your practice of Oriental Medicine? YES _____ NO _____**

3. **Have you ever had a license to engage in the practice of Oriental Medicine suspended or revoked in the District of Columbia or any state or territory of the United States or other country? YES __ NO __**

4. **Have you ever been refused a license to engage in the practice of Oriental Medicine in the District of Columbia or any state or territory of the United States or other country for any reason? YES _____ NO _____**

5. **Do you have any pending disciplinary actions concerning your license to engage in the practice of Oriental medicine in the District of Columbia or any state or territory of the United States or other country? YES _____ NO _____**

Information of a National Exam which was passed by the Applicant

1 .

Name of National Exam	
Address	
Date of the Exam	
Module(s)	
Name of Administrative Body	

2 .

Name of National Exam	
Address	
Date of the Exam	
Module(s)	
Name of Administrative Body	

3 .

Name of National Exam	
Address	
Date of the Exam	
Module(s)	
Name of Administrative Body	

4 .

Name of National Exam	
Module(s)	
Date of the Exam	
Subjects	
Name of Administrative Body	

5 .

Name of National Exam	
Module(s)	
Date of the Exam	
Subjects	
Name of Administrative Body	

Information Regarding Clinical Practice

1 .

Name of Clinic or Hospital	
Address	
Date Began	From:
Date Finished	To:
Years/Months Attended	

2 .

Name of Clinic or Hospital	
Address	
Date Began	From:
Date Finished	To:
Years/Months Attended	

3 .

Name of Clinic or Hospital	
Address	
Date Began	From:
Date Finished	To:
Years/Months Attended	

4 .

Name of Clinic or Hospital	
Address	
Date Began	From:
Date Finished	To:
Years/Months Attended	

5 .

Name of Clinic or Hospital	
Address	
Date Began	From:
Date Finished	To:
Years/Months Attended	

Child Support Information

Pursuant to Federal Legislation and Nevada's Welfare Reform Package, this form must be completed and returned to the office of the Nevada State Board of Oriental Medicine along with your application form.

Name: _____

Street Address: _____

City: _____ County: _____

State: _____ Country: _____

Zip Code: _____

Please circle the number of the statement which best describes your situation:

1. I am NOT subject to a court order for the support of one or more children.
2. 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.
3. 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 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 certify that all of the above disclosures are true and complete.

Signature: _____ Date: _____

**Consent to Investigation and Release of Information
(YOUR SIGNATURE MUST BE NOTARIZED)**

I, _____, do hereby give my consent to an investigation by the Nevada State Board of Oriental Medicine, or to any person acting in its behalf, into all relevant facts in my personal and professional training, background and experience in connection with this application for a license to practice in the State of Nevada as a Doctor of Oriental Medicine.

I do further consent to having a set of my fingerprints (a copy of which is attached to this application) submitted by the Board to any law enforcement agency in connection with this application. I do further agree to pay any and all costs or expenses incurred in the making of the required investigation and do herewith submit as part of this Application, an application fee of One Thousand Dollars (\$1,000.00) to be used in whole or in part for said investigation. In the event that investigative costs exceed this amount, I agree to pay in full, all such amounts due.

Statement of Permission

I agree to allow the State of Nevada Board of Oriental Medicine to communicate with any person in connection with this application. I will hold the Board, its members, officers and agents free from any liability or complaint by reason of any action they, or any of them, may take in connection with the Board's investigation of my professional training, and experience or personal background.

Signature: _____ Date: _____

State of _____
County of _____

Subscribed and sworn to (or affirm) before me on this _____ day of _____, 20____,
by _____, proved to me on the basis of satisfactory
evidence to be the person who appeared before me.

Notary Public

FINAL ATTESTATION

I am the applicant who signed the foregoing Application and hereby declare that the all the responses stated in this Application is true and accurate.

Signature

Date

Print Name

State of _____

County of _____

Subscribed and sworn to (or affirm) before me on this ____ day of _____, 20____,
by _____, proved to me on the basis of satisfactory
evidence to be the person who appeared before me.

Notary Public