

Medical Licensing Board of Indiana

**Acupuncture Licensure  
for a  
Licensed Chiropractor, Dentist, Podiatrist  
Instructions and Information**

**PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING AND SUBMITTING YOUR APPLICATION.** If after reading the instructions you have questions please contact our office.

**CONTACT INFORMATION**

Indiana Professional Licensing Agency  
Medical Licensing Board  
402 W. Washington Street, Room W072  
Indianapolis, IN 46204  
Email: [pla3@pla.IN.gov](mailto:pla3@pla.IN.gov)  
(317) 234-2060  
(317) 233-4236 (fax)

**PROCESSING TIME**

Processing time depends on the applicant. The applicant is responsible for the submission of all documents. If there is a positive response the license will not be issued until it has been reviewed by the Medical Licensing Board.

**FAIR INFORMATION PRACTICE ACT**

In compliance with IC 4-1-6, this agency is notifying all applicants that they must provide the requested information or the application will not be processed. The applicant has the right to challenge, correct, or explain information maintained by this agency. The information provided will become public record. Examination scores and grade transcripts are confidential except in circumstances where their release is required by law.

A social security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

**NOTARIZED COPY INFORMATION**

When submitting a notarized copy of an original document, the notary **MUST** make a statement to the fact that the notary has seen the original document. If this is not done the document will **NOT** be accepted.

**STATUTE AND RULES**

Please view the statute and rules on our website as listed on the following link:  
<http://www.in.gov/pla/bandc/iaac/statruls.html>

## **DOCUMENTS REQUIRED FOR LICENSURE**

(To reinforce the notarized copy information listed on previous page: When submitting a notarized copy of an original document, the notary MUST make a statement to the fact that the notary has seen the original document. If this is not done the document will NOT be accepted. )

- **COMPLETED APPLICATION FOR LICENSURE**  
Please type or legibly print when completing the application.  
All information requested on the application must be completed.  
The application must have an original signature and date.
- **PHOTOGRAPH**  
The applicant must submit one (1) passport quality photo taken within the past three (3) months.
- **FEE**  
The applicant must submit an application fee in the amount of \$150.00; payable to Indiana Professional Licensing Agency. All fees are non-refundable and non-transferable.
- **CRIMINAL BACKGROUND CHECK**  
After June 30, 2011, any physician seeking initial licensure will be required to submit to fingerprinting and a national criminal background check by the Indiana State Police. The individual applicant will be responsible for the cost of the background check. All background checks must be performed by the state vendor. Any background check done outside the chain of command, will not be accepted. Instructions on how to be fingerprinted and frequently asked questions may be found at <http://www.in.gov/pla/3240.htm>
- **POSITIVE RESPONSES**  
If the applicant has answered any of the questions on the application “yes” a NOTARIZED AFFIDAVIT detailing the occurrence/situation, the outcome, date of occurrence must be submitted. If it is a malpractice payment please include the amount paid. If applicable please submit copies of all court documents and/or arrest records. Letters from attorneys or insurance companies are not accepted in lieu of a statement.
- **VERIFICATION OF STATE LICENSURE(S)**  
The applicant must request a “License Verification or Letter of Good Standing” from each State/Country in which you currently are or have ever been licensed, certified, or registered in any regulated health profession or occupation. This includes all licenses etc., that are active, expired, inactive,

retired, delinquent etc. In addition to any Acupuncture license/permit etc., this also pertains to any professional health license such as an EMT, Chiropractic, Dentist, Podiatrist, etc. The applicant will need to print off the verification form; contact the appropriate entities/States to see if they charge a fee for completing this form and send the form directly to them. They will in turn complete the verification and mail it directly to our office.

The verification must come directly from the State or authority in which license was obtained.

- **OFFICIAL TRANSCRIPT/CERTIFICATE**

The applicant must submit an official certificate or transcript from the school or program which is an approved college or university of learning accredited by an accrediting agency that has been approved by the United States Department of Education where the applicant obtained two hundred (200) hours of acupuncture training

- **PROOF OF LICENSURE**

Must submit proof of current licensure in Indiana as a chiropractor, a podiatrist, or a dentist.

- **PROOF OF NAME CHANGE**

When the name on any document differs from the applicant's name, a notarized or certified copy of a marriage certificate or legal name change must be submitted.