

ABAA RECERTIFICATION

The recertification program is designed to ensure that ABAA Diplomates are performing activities to stay current within their practice of Animal Acupuncture.

Diplomates are responsible for renewing their certification every four years and are expected to maintain their status by participating in Continuing Education Activities related to animal acupuncture, animal medicine or animal care. Diplomates must earn a minimum of 15 CEU points every 4 years to be recertified.

CEU points are awarded for active learning earned in a classroom or on-line learning environment in specific areas.

Didactic

Animal Acupuncture [1 CEU per hour]

Biomedicine/Western Medicine – Animals [1 CEU per hour]

Animal Safety [1 CEU per hour - 5 CEU/Hours maximum]

Emergency Care for Animals [1 CEU per hour - 5 CEU/Hours maximum]

Clinical

Direct Mentored Studies in animal acupuncture [1 CEU per hour]

Professional Activities

Volunteer Service at an Animal Rescue Center [10 CEUs maximum]

Instructor Hours in Animal Acupuncture [1 CEU per hour]

Published Articles on Animal Acupuncture [10 CEUs maximum – 5 per article]

Advocate of legislation on animal acupuncture [1 CEU per hour - 5 CEUs maximum]

Promoting public education about animal acupuncture [1 CEU per hour - 5 CEUs maximum]

ABAA APPLICATION FOR RECERTIFICATION

1. PERSONAL INFORMATION

NAME: _____ DATE: _____
FIRST MIDDLE LAST

2. NAME WITH TITLES AS YOU WISH THEM TO APPEAR ON CERTIFICATE:

DATE OF BIRTH (MM/DD/YYYY): _____

3. LISTING ON ABAA WEBSITE [only information you want posted]

BUSINESS NAME: _____

STREET/SUITE #: _____

CITY, STATE, ZIP/POSTAL CODE, COUNTRY: _____

BUSINESS TELEPHONE: _____

WEB SITE: _____

_____ I DO NOT WISH TO BE LISTED IN THE CERTIFIED PRACTITIONER DIRECTORY

4. OFFICIAL MAILING ADDRESS/CONTACT INFORMATION

(All correspondence will be sent to this address)

STREET APT. / SUITE #: _____

CITY, STATE, ZIP/POSTAL CODE, COUNTRY: _____

TELEPHONE/CELL: _____ / _____

EMAIL: _____

5. BUSINESS CONTACT INFORMATION

(Complete only if different from official address)

BUSINESS NAME: _____

STREET/SUITE #: _____

CITY, STATE, ZIP/POSTAL CODE, COUNTRY: _____

BUSINESS TELEPHONE/ WEBSITE: _____ / _____

6. CERTIFICATION YOU ARE APPLYING FOR:

_____ Certification in Animal Acupuncture

_____ Certification in Canine Acupuncture

_____ Certification in Equine Acupuncture

7. ROUTE OF ELIGIBILITY *(Check applicable route)*

_____ State License Holder and completed formal Animal Acupuncture training program.

_____ State License Holder, completed tutorial instruction and 6 years of experience in Animal Acupuncture.

_____ Graduate of Tai Sophia or MUIH Animal Acupuncture course.

8. PROFESSIONAL ETHICS AND FITNESS TO PRACTICE

I. LEGAL STATUS: *You must furnish additional information with this application if you answer "yes" to any of the following questions. This documentation must include your explanation of the charges or claims made against you, all legal documents related to the charges or claims and an account of how the charges or claims were resolved. If a case is still pending, please indicate that fact in your response. All information provided will be reviewed in accordance with ABAA policies.*

1. Have you ever been a defendant in litigation related to the practice of a health-related profession? ____ YES ____ NO
2. Has a judgment ever been entered against you or have you been a party to a settlement in any legal proceeding relevant to the practice of a health-related profession? ____ YES ____ NO
3. Have you ever been convicted of a felony? ____ YES ____ NO
4. Have you ever been convicted of any other crime relevant to the practice of a health-related profession or to your fitness to practice? ____ YES ____ NO
5. Have you ever had any disciplinary or administrative action or order taken against you by any licensing board or health-related professional association or school? ____ YES ____ NO
6. Have you ever been denied or voluntarily surrendered a license to practice in any health-related profession? ____ YES ____ NO

II. HEALTH STATUS: *If you answer "yes" to any of the following questions, you must furnish with your application information about any impairment from a healthcare professional who has treated you if you. This documentation must include a personal statement of the history and current status of any physical or psychological impairment or impairment due to substance abuse and an attestation that you are no longer impaired (or that you are currently under treatment for the impairment) and that the impairment, or treatment does not interfere with your ability to practice.*

1. Has your physical or psychological health status interfered with your ability to practice a health-related profession or otherwise interrupted your professional or academic activities for more than three months? ____ YES ____ NO
2. Have you ever been, or are you currently, impaired because of any substance abuse, including alcohol? ____ YES ____ NO

12. LICENSES: List your Acupuncture current license(s). Please list all other occupational licenses (nursing, veterinary, chiropractic, etc). Include State of issue and license #.

Acupuncture License(s) _____

Other Licenses: _____

- The fee for recertification is \$200. Include copies of any Didactic Certificate hours, details of Mentored Clinical hours and any Professional Activity hours.
- An additional fee of \$150 is due if the request for recertification is late by more than 30 days.

Please mail to:

**American Board of Animal Acupuncture
c/o Jay Clements
10201 N. Chemehlevi Dr
Casa Grande, AZ 85122**