Application for Chiropractic Dry Needling Certification

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Chiropractic Medicity

Board of Chiropractic Medicine 4052 Bald Cypress Way Bin C-07 Tallahassee, FL 32399-3257 Website: www.floridaschiropracticmedicine.gov Email: MQA.Chiropractic@flhealth.gov Phone: (850) 245-4355 FAX: (850) 922-8876





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Chiropractic Dry Needling Certification (3031)

1. PERSONAL INFORMATION

| Name: | | | | | Date of Birth: | | | |
|-------------------------|----------------|--------------------------------|---|------------------|----------------|---|-----------------------|--|
| L | .ast/Surname | | First | | Middle | | MM/DD/YYYY | |
| Mailing A | ddress: (The a | address wher | e mail and your li | cense should b | e sent) | | | |
| Street/P.C |). Box | | | | Apt. No. | City | | |
| State | | | ZIP | Country | | Home/Cell Telephone | | |
| Physical | Location: (Re | quired if maili | ng address is a P | P.O. Box- This a | ddress will b | e posted on the Department c | of Health's website.) | |
| Street | (Place | of Employme | ent) | | Apt. No. | City | | |
| State | | | ZIP | Country | | Work/Cell Telephone | | |
| We are re Guidelines | on Employee | hat you furnis Selection Pr | | I3 FR 38295 an | d 38296 (Au | luntary compliance with 41 CF gust 25, 1978). This information acy for licensure. | | |
| Gender: | Male Female | Race: | Native Hawaiian American Indian Two or More Rad | or Alaska Nativ | | Hispanic or Latino White Black or African American Asian | | |
| ne provideo | | e to be notifie | | | | e "Yes" box and fill in your em ng your email regularly and up | | |
| | Yes | No | Email Addı | ress: | | | | |
| | | | | | | address released in response I contact the office by phone o | | |

2. APPLICANT BACKGROUND

- A. List any other name(s) by which you have been known in the past. Attach additional sheets if necessary.
- B. To be eligible for this certification, each applicant must hold a current, valid license to practice chiropractic medicine in the state of Florida.

Provide your Florida Chiropractic License #: CH _____

3. DRY NEEDLING TRAINING

To qualify for certification, the chiropractor must have completed a certification course that meets the requirements of section 460.4085(1), Florida Statutes, and Rule 64B2-17.004, Florida Administrative Code (F.A.C.).

Select the appropriate option below that applies to your dry needling coursework.

I am a licensed chiropractic physician certified in chiropractic acupuncture and have completed 24 hours of in-person approved continuing education and passage of a written and practical examination.
I am a licensed chiropractic physician, not certified in chiropractic acupuncture and have completed 40 hours of in-person continuing education and passage of a written and practical examination.
I am a licensed chiropractic physician with coursework completed prior to July 1, 2024, and am requesting that the board review my coursework to be approved to satisfy the coursework requirements.

<u>Note</u>: Online or distance-based courses do not qualify as approved hours to meet the dry needling certification requirements.

Provide the following information for the dry needling coursework you have completed.

| Provider Name | | Provider Number | Date of Completion (MM/DD/YYYY) | Certificate Number |
|---------------|--|-----------------|---------------------------------------|-----------------------|
| | | | | |

Provide a copy of the certificate of completion or other proof that the coursework requirement has been met.

4. SUPERVISION AND COMPETENT PRACTICE

Pursuant to section 460.4085(1)(b), Florida Statutes, and Rule 64B2-17.004, F.A.C., to qualify for certification, the chiropractor must have completed at least 10 patient sessions of dry needling under the supervision of a licensed chiropractic physician, allopathic or osteopathic physician, or physical therapist holding a Doctor of Physical Therapy degree who has actively performed dry needling for a least one year.

Have you completed at least 10 supervised patient sessions of dry needling? Yes No

Submit the "Supervision and Competency of Dry Needling Practice" form following the application as proof that the supervision and competency requirements have been satisfied.

5. APPLICANT SIGNATURE

I, the undersigned, state that I am the person referred to in this application for certification in the state of Florida.

I recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to s. 456.067, Florida Statutes.

Florida law requires me to immediately inform the board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the certification and to supplement the information on this application as needed.

Section 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after the initial filing with the department.

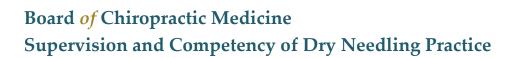
Applicant Signature

You may print out the application and sign it or sign digitally.

MM/DD/YYYY

Complete forms must be sent directly to <u>MQA.Chiropractic@flhealth.gov</u> or mailed to:

Board *of* **Chiropractic Medicine** 4052 Bald Cypress Way Bin C-07 Tallahassee, FL 32399-3257





| Part I: Applicant Information | | | | | | |
|--|----------------------------|-------------------|-----------------|-------------------------|--|--|
| Applicant Name: | | | | | | |
| Chiropractic Physician License #: | Τ | Telephone Number: | | | | |
| Street Address: | | | | | | |
| City: | State: | | | ZIP: | | |
| Have you submitted the Application for Ch | hiropractic Dry Needling C | ertification? | Yes No | , | | |
| Date of Application:(MM/DD/YYYY) | | | | | | |
| Part II: Supervisor Information | | | | | | |
| Supervisor Name: | | | | | | |
| Profession: | | _ License # | <u> </u> | | | |
| Telephone Number: | | | | | | |
| Dates of Supervised Practice: | From: To (MM/DD/YYYY) | :(MM/DD/YYYY) |) | | | |
| Total Patient Sessions: | | | | | | |
| | | | | | | |
| I state the information provided on this for competency and does not need additional | | | iropractic phys | sician has demonstrated | | |