FORM L – Acupuncture Professional Evaluation

Texas State Board of Acupuncture Examiners

APPLICANT SECTION

APPLICANT: Complete the information in this box. This form is to be returned to <u>you</u> in a sealed institution/clinic envelope with the evaluating professional's signature affixed over the outside envelope flap. You must have evaluations from every supervising acupuncturist with whom you have been affiliated in the past 5 years. If were a solo practitioner please have at least three acupuncturists who were familiar with your clinical practice during that time period complete this form and provide a letter explaining your professional relationship. Make additional copies of this form as needed.								
Applicant's Current Full Name:	Name at time of affiliation if different:							
Applicant's Date of Birth:		Applicant ID#						
Applicant's Address:		Telephone:	E-Mail:					
Name of Evaluating Hospital/Institut	ion							
Address of Evaluating Hospital/Instit	ution							
Dates of affiliation From (mm/yy)	To (mm/y	/y) Depa	artment of Affiliatior	<u> </u>				
Your position at the time of affiliation	:							
I authorize the release of the information contained in this evaluation form.								
Applicant's Signature	3							
	EVALUATIN	G PROFESSIONA	AL SECTION					
 EVALUATING PROFESSIONAL: A professional who currently holds one of the following positions must complete this evaluation: An Acupuncturist, or, for new graduates, the Program Director 								
Letters of recommendation or si	tandard institution ve	rification forms will n	ot be accepted in li	eu of this form.				
 After completing this evaluation, place this form in an envelope of the hospital/institution that you represent, seal the envelope and place your signature over the outside sealed envelope flap. If you have any questions regarding how to complete this form contact the Licensure Department at 512-305-7130. 								
Evaluating Professional Name / Degree Title: Program Director Acupuncturist 								
1. This evaluation is based on \Box	Personal Knowledge	□ Review of 0	Credential File					
2. How long have you known the a	applicant? Years	Months _						
3. (a) Is the applicant related to you? □ Yes (b) Do you know the applicant well? □ Yes (c) Has your acquaintance with the applicant continued until recent date? □ Yes				□ No □ No □ No				
4. Do you consider the applicant:(a) Reliable?(b) Ethical?(c) Of good character?				□ Yes □ Yes □ Yes	□ No □ No □ No			
 Please rate the applicant: (a) Professional ability (b) Attention to duties 	EXCELLENT	GOOD	AVERAGE	ADEQUATE	POOR			
(c) Breadth of education (d) Interpersonal skills								

FORM L – Acupuncture

Applicant's Name		Pa	age 2	
6. Has applicant, to your knowledge, ever b(a) Fraud or dishonesty?(b) Unprofessional conduct?	been guilty of:	□ Yes □ Yes	NoNo	
 If the English language is not the native I feel that he/she has the ability to adequate 	anguage of this applicant, do you ely communicate in the English language?	Yes	🗆 No	
 8. To your knowledge, has the applicant e (a) been warned, censured, disciplined, h (b) had disciplinary action taken against h (c) been denied or surrendered a federal e 	ad admissions monitored or privileges limited? im/her by a licensing agency?	□ Yes □ Yes □ Yes	□ No □ No □ No	
	convicted of a crime, indicted, volving professional liability (malpractice) or had a her behalf or paid such a claim him/herself?	□ Yes	□ No	
(f) been placed on probation, asked to w	□ Yes	□ No		
If not, please provide the correct dates: E	he applicant on the top portion of this form accurat Beginning month / yearEnding month _ applicant are confidential and are not subject t	/ year _		
	vever, the board must disclose such reports if t			
Evaluating Professional's Name:	Printed	Signa		
Title:		C C	ature	
Phone:	Fax: E-mail:			
Evaluating Professional's State of Licensure	Your License No.:	Your License No.:		
	completing this evaluation, place this form in an en represent, seal the envelope and place your signa			