Commonwealth Underwriters Ltd.
P.O. Box 5441 Richmond, VA 23220
Phone: 800-396-6226
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www.commund.com

ALLIED MEDICAL ACUPUNCTURISTS SUPPLEMENTAL APPLICATION

SUBMIT WITH ALLIED MEDICAL GENERAL APPLICATION

GENERAL INFORMATION:

1. Square feet of total office space (all locations): _____
2. Does your state license or register acupuncturists? ☐ No ☐ Yes
3. Applicant's license number: _____
   Expiration Date: ___/___/___
4. Are you NCCA certified? ☐ No ☐ Yes
   If yes, please provide: Certification date __/__/__
   Certification # _____
   Expiration date of certificate __/__/__.
   Are you a member of AAAOM? ☐ No ☐ Yes
   Current Member No. _____
5. Describe professional training and experience or attach a current resume:
   _____
   _____
6. Indicate professional societies or associations in which applicant is a member:
   _____
   _____
7. Is applicant associated with or does applicant work for a physician or surgeon? ☐ No ☐ Yes
8. Indicate percent of time spent in the following work locations:
   ___ % Administrative Office ___ % Patient Home
   ___ % Classroom ___ % Professional Office (specify profession)_____
   ___ % Nursing Home ___ % Other (specify) _____
   ___ % Outpatient Clinic
9. Provide number of patient or client encounters:

	Number of Client Contacts Last 12 Months	**Number of client Contacts Next 12 Months**
Type of Client Contact		
Clinic		
Office		
Pro Bono		
Total number of contacts		

10. Do you perform or assist in any surgical procedures? ☐ No ☐ Yes
11. List ALL surgical procedures performed (including minor surgery)
    _____
    _____
    Is anesthesia (other than topical or by means of local infiltration) administered by either yourself or others?_____
    _____

* Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.
* not applicable in all state

Applicant Signature:_____ Date: _____