

This form is required
for ALL applicants.

Board of Acupuncture Financial Responsibility



Name: _____

The Financial Responsibility options are divided into two categories: coverage and exemptions

Choose only ONE option that best describes your situation, unless you choose **option 4** in the “**Financial Responsibility Coverage**” section. Not making a choice or choosing more than one option will make this form invalid. Staff is unable to advise you on which option to choose. If you have questions regarding an option, consult your legal counsel, insurance company, or financial institution.

FINANCIAL RESPONSIBILITY COVERAGE

1. I hereby certify that I have professional liability coverage in an amount not less than \$10,000 per claim, with a minimum annual aggregate of not less than \$30,000.
2. I hereby certify that I have an irrevocable letter of credit, established pursuant to ch. 675, Florida Statutes, in an amount not less than \$10,000 per claim, with a minimum aggregate availability of credit no less than \$30,000.
3. I hereby certify that I have obtained a surety bond in an amount not less than \$10,000 per claim, with a minimum annual aggregate of not less than \$30,000.
4. I am exempt from financial responsibility coverage (*if you choose this option you must choose one option from the exemption category below.*)

EXEMPTION CATEGORIES OF FINANCIAL RESPONSIBILITY COVERAGE

1. I practice exclusively as an officer, employee, or agent of the federal government, or of the state or its agencies or subdivisions.
2. I practice only in conjunction with my teaching duties at an accredited acupuncture school.
3. I do not practice in the state of Florida.

I understand that providing false information may result in disciplinary action or criminal penalties as provided in s. 456.067, 456.072, 775.082, 775.083, and 775.084, Florida Statutes.

Applicant Signature _____ Date _____
MM/DD/YYYY

Board of Acupuncture
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