



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243

TENNESSEE BOARD OF MEDICAL EXAMINERS
TENNESSEE COMMITTEE FOR ACUPUNCTURE
(800) 778-4123, ext. 532-4384 or Local (615) 532-3202, ext. 532-4384
www.tennessee.gov/health

APPLICATION INSTRUCTIONS FOR LICENSURE AS AN ACUPUNCTURIST
APPLICATION CHECK SHEET

Provided below is a checklist for your personal use and convenience containing all the things you must do to receive consideration for issuance of a Tennessee license to practice. **NOTE: All submissions must be executed and dated less than one (1) year before receipt or they will be rejected by the Committee.**

Licensure by Diplomatic Status:

Done

1. Complete, sign, have notarized and mail the application pages 1 through 6. _____
2. Attach to the application a clear, recognizable, recently taken passport size photograph of yourself. _____
3. If you are or have ever been licensed, certified, registered, or permitted by any state or country to practice as an acupuncturist or other health professional, you must complete and mail **Attachment 1** to each and every state. Copies of **Attachment 1** may be duplicated to accommodate each request. _____
4. Submit two (2) original letters of recommendation from medical professionals who can attest to your character as an acupuncturist. These letters must be written within the preceding 12 months, identify the individuals as medical professionals, and **must be originals** on the signator's letterhead. _____
5. Attach to the application a check or money order in the amount of \$760.00 made payable to the Tennessee Committee for Acupuncture. _____
6. Cause to be submitted directly from NCCAOM proof of current diplomate status. _____
7. Cause to be submitted directly from the post-secondary acupuncture program proof of completion of a three year post-secondary training program or college acupuncture program. Complete and mail **Attachment 2** to program attended. The institution is to send verification of your attendance directly from the training program or college Administrative Office to this office. _____
8. Provide proof of successful completion of NCCAOM-approved clean needle technique course sent directly from the course provider to the Administrative Office. _____

9. Criminal Background Check. For instructions to obtain a criminal background check, go to <http://tn.gov/health/article/CBC-instructions>. _____
10. The Declaration of Citizenship, Attachment 4, must be completed and submitted before this application can be processed. _____

Licensure by Grandfather Clause

Done

Any person is eligible to receive a certificate upon compliance with all of the items 1 through 5 and number 9 and 10 (above) only and upon further showing satisfactory proof of one of the following:

1. Tennessee residency on January 1, 2001, and successful completion of an approved apprenticeship or tutorial program that meets NCCAOM standards. _____
- a. Tennessee Residency may be proven by submission of a copy of either a voter registration card indicating residency in Tennessee prior to January 1, 2001 or a Tennessee driver license issued prior to January 1, 2001. _____
- b. All documentation to support the apprenticeship or tutorial program and how it meets NCCAOM standards must be sent directly from the program or NCCAOM to the Administrative Office. _____
2. Continuous practice of acupuncture in Tennessee since January 1, 2001, and having a license/certificate in good standing to practice acupuncture in another state immediately prior to practicing in Tennessee. _____
- a. Continuous practice in Tennessee since January 1, 2001 may be proven by submission of either of the following: _____
- (i) Photocopies of paycheck(s), paycheck stub(s), or Internal Revenue Service (IRS) Forms W-2, 1099-Misc., or Schedules C or C-EZ for IRS Form 1040 to verify proof of income from the practice of acupuncture; or _____
- (ii) Notarized letters from two (2) individuals other than family members attesting to the applicant's continuous practice. _____
- b. A certificate of licensure/certification in good standing in another state must be submitted directly from that state licensure/certification agency to the Administrative Office and show a date of issuance prior to the date on which the applicant commenced practice in Tennessee. _____
- c. The Declaration of Citizenship, Attachment 4, must be completed and submitted before this application can be processed. _____

To become licensed in Tennessee based on licensure or certification in another state, an applicant must cause to be submitted to the Administrative Office all of items 1 through 10 (above) except item number 6 and show proof of licensure or certification in another state that has licensure or certification requirements substantially equivalent, as determined by the committee, to the requirements of T.C.A. 63-6-1001, et seq. Please submit a copy of the rules in place when licensure or certification was awarded.

UNDERSTANDING THE APPLICATION PROCESS

If an address change occurs at any time, you must notify the Committee's administrative office, in writing, immediately.

1. All application fees and provisional licensure fees are non-refundable.
2. All documents and fees required to be submitted by you or which must be requested from the appropriate institutions in this application process, must be mailed directly to:

Committee for Acupuncture
665 Mainstream Drive
Nashville, TN 37243

For Federal Express or Special Courier:
Committee for Acupuncture
665 Mainstream Drive
Nashville, TN 37228

3. Allow fourteen (14) working days for information mailed to our office to be received and placed in your file. Federal Express or special courier services will not appreciably reduce the processing time. Additionally, if Federal Express or special courier services are used you will be responsible for charges incurred. The Committee asks that you please give the administrative office every consideration in this matter.
4. If necessary documentation has not been received when your application has been received by the Committee's administrative office, an initial deficiency letter will be sent to you. The supporting documentation requested in the letter must be received in the Committee's administrative office sixty (60) days from the date of the initial deficiency letter. Files not completed within sixty (60) days will be closed.
5. Absent any complicating factors, the average application processing time is six weeks. Once the application is completed, your file will be promptly reviewed and an initial certification determination made. You will be promptly notified by letter of the initial determination. If your application is approved you will be able to view certification approval on the Internet at <http://tennessee.gov/health/>.
6. It is recommended that you do not make arrangements to accept employment as a Licensed Acupuncturist in Tennessee until you are granted a license by the Committee for Acupuncture. When a license is granted the only title you may use is Licensed Acupuncturist.

Thank you for your cooperation. We will make every effort to expedite your application in an efficient manner.

**ATTACH A
CURRENT FULL-
FACE
PHOTOGRAPH**



**FOR OFFICIAL USE
ONLY**

2483-001 \$750.00
2483-006 \$ 10.00
\$760.00

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**APPLICATION FOR
LICENSED ACUPUNCTURIST**

Please **check** the appropriate category for which you are applying:

License by Diplomate Status

License by Grandfather Clause

License by Reciprocity

PERSONAL INFORMATION

PLEASE PRINT IN INK

Name: _____
Last First Middle Maiden

Social Security Number: _____ - - Date of Birth: _____

Mailing Address _____

Zip _____

Phone: Home: (____) _____ Office: (____) _____

Place of Birth: _____ Sex: (optional, for statistical purposes only)

Female _____

Male _____

U.S. Citizen: Yes _____ No _____

All applicants must complete Declaration of Citizenship

Have you been known by any other name? Yes ___ No ___

If yes, list names: _____

Email address: _____

Do you wish to receive notification, including renewal notification, from the Department of Health via email? Y N

EDUCATIONAL AND EMPLOYMENT INFORMATION

Please provide the following information for all educational institutions you have attended beyond high school. Use the back of this page if you need additional space.

From:	_____	To:	_____	_____	_____
	Mo/Yr		Mo/Yr	Educational Institution/Location	Degree Earned
From:	_____	To:	_____	_____	_____
	Mo/Yr		Mo/Yr	Educational Institution/Location	Degree Earned
From:	_____	To:	_____	_____	_____
	Mo/Yr		Mo/Yr	Educational Institution/Location	Degree Earned
From:	_____	To:	_____	_____	_____
	Mo/Yr		Mo/Yr	Educational Institution/Location	Degree Earned

Please complete your entire employment history starting with the most current position first. Use the back of this page if you need additional space.

<u>DATES</u>		<u>LOCATION</u>	<u>POSITION AND DUTIES</u>
From:	_____	To:	_____
	Mo/Yr		Mo/Yr
		_____	_____
		(Name of Location)	
		_____	_____
		(City) (State)	
From:	_____	To:	_____
	Mo/Yr		Mo/Yr
		_____	_____
		(Name of Location)	
		_____	_____
		(City) (State)	
From:	_____	To:	_____
	Mo/Yr		Mo/Yr
		_____	_____
		(Name of Location)	
		_____	_____
		(City) (State)	
From:	_____	To:	_____
	Mo/Yr		Mo/Yr
		_____	_____
		(Name of Location)	
		_____	_____
		(City) (State)	

LICENSURE INFORMATION

List below all states, countries or provinces in which you have ever been or currently are licensed, permitted or certified to practice acupuncture. Submit a copy of **Attachment 1** to all such states, countries, or provinces regarding such licensure, certification or permit. Use the back of this page if you need additional space.

STATE	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List below **ALL** states, countries or provinces in which you hold or have ever held a license, certification or permit as a health professional other than acupuncture. Submit a copy of **Attachment 1** to all such states, countries or provinces regarding such licensure, certification or permit. Use the back of this page if you need additional space.

STATE	PROFESSION	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If any answers to the questions in this part are in the affirmative, attach an explanation on a separate sheet. In support of your explanation, the final documents or orders from the issuing states, courts, or agencies must be submitted along with this application.

For the purposes of these questions, the following phrases or words have the following meanings:

- 1. "Ability to practice your profession" is to be construed to include all of the following:
a. The cognitive capacity to exercise reasoned professional judgments and to learn and keep abreast of developments in your profession; and
b. The ability to communicate those judgments and information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
c. The physical capability to perform tasks and procedures required of your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. "Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to; orthopedic, visual, speech and/or hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV, tuberculosis, drug addiction and alcoholism.
3. "Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
4. "Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee, or within the past two (2) years.
5. "Illegal use of controlled substances" means the use of controlled substances obtained illegally (e.g. heroin, or cocaine) as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS

YES NO

- 1. Do you currently have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?
a. If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medication) or participate in a monitoring program?
b. If you have any limitations or impairments caused by an existing medical condition, are they reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice?

[IF you receive such ongoing treatment or participate in such a monitoring program, the Committee will make an individual assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.]

COMPETENCY INFORMATION continued

		YES	NO
2.	Do you currently use chemical substances?	_____	_____
	If yes, do they in any way impair or limit your ability to practice your profession with reasonable skill and safety?	_____	_____
	Please list: _____ _____		
3.	Are you currently engaged in the illegal use of controlled substances?	_____	_____
	If yes, are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of controlled substances?	_____	_____
4.	Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?	_____	_____
5.	If you have ever held or applied for a license or certificate to practice as an Acupuncturist in any state, country or province, has it been or was it ever denied, reprimanded, suspended, restricted, revoked, or otherwise disciplined, curtailed or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____
6.	If you have ever had staff privileges at any hospital or health care facility have they ever been revoked, suspended, curtailed, restricted, limited or otherwise disciplined or voluntarily surrendered under threat of restriction or disciplinary action?	_____	_____
7.	Have you ever been convicted of a felony or a misdemeanor other than a minor traffic violation?	_____	_____
8.	Have you ever been rejected or censured by a professional society?	_____	_____
9.	In relation to the performance of your professional services in any profession:		
	a. Have you ever had a final judgment rendered <u>against</u> you; or	_____	_____
	b. Have you ever had settlement of any legal action rendered <u>against</u> you; or	_____	_____
	c. Are there any legal actions pending <u>against</u> you or to which you are a party?	_____	_____
10.	If you have ever held a license or certificate in any health care profession, has it ever been reprimanded, suspended, restricted, revoked, or otherwise disciplined, curtailed or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____



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<http://tennessee.gov/health/>

CLEARANCE FROM OTHER STATE LICENSURE BOARDS

APPLICANT: Please provide the information requested in the top box and then mail one form to the licensure board in EACH state where you **hold or have ever held** a license to practice any profession. (Copies of this form can be used). **NOTE:** Some states require a fee for providing clearance information. To expedite your application, you may wish to contact the applicable state(s).

To Be Completed By Applicant (Please Print In Ink)

I, the undersigned applicant, was granted a (**circle one**) license or certificate to practice _____
(Profession)
numbered _____ on _____ in the State of _____
(Date)

The Committee for Acupuncture of Tennessee requests that I submit evidence of the current status of that license or certificate in your state.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Tennessee Committee for Acupuncture.

Date _____ Applicant's Signature _____
Applicant's typed or printed name _____

To Be Completed By Administrative Office of State Licensure Board

Name In Full As it Appears On License/Certificate or Permit:

(First) (M.I.) (Last)

License/Certificate/Permit Number: _____ Profession: _____

Date Issued: _____ Expiration Date: _____

Basis of Issuance: _____ Endorsement/Reciprocity with _____
(Check One) (State)
_____ Written Examination _____

Is the license currently active and registered? Yes _____ No _____
Is there any derogatory information on file? Yes _____ No _____
If yes, please attach supporting documentation.

Authorized Signature _____ Title _____ Date _____

Please mail directly to: Tennessee Committee for Acupuncture
665 Mainstream Drive
Nashville, TN 37243t

ATTACHMENT 2

TENNESSEE BOARD OF MEDICAL EXAMINERS
(800) 778-4123 or (615)532-3202
<http://tennessee.gov/health/>

VERIFICATION OF POST SECONDARY ACUPUNCTURE TRAINING

APPLICANT: Provide the information requested in the top box and then mail this form to each institution in which you received any postsecondary training. If additional forms are required, copy this one.

Institution Administration: I am applying for a Tennessee acupuncture license and hereby authorize you to release any and all information in your files concerning my training. I was in training at your institution as follows:		
Applicant's name: _____		
(Last)	(First)	(Middle/Maiden)
Name of Institution: _____	Program Title: _____	
_____	_____	
Applicant's Signature	Date	

ADMINISTRATIVE OFFICE OF TRAINING INSTITUTION. NOTE: THIS FORM MUST BE NOTARIZED. Please complete (including questions) and return to:		
Tennessee Board of Medical Examiners Committee for Acupuncture 665 Mainstream Drive Nashville, TN 37243		
		CIRCLE ONE
Your training program:		
holds ACAOM accreditation; or	Yes	No
is in ACAOM candidacy status; or	Yes	No
meets ACAOM standards	Yes	No
Was the above program ACAOM accreditation approved at the time the applicant completed training?	Yes	No
Were there any adverse charges or actions taken during the training? If yes, please attach supporting information and/or documentation.	Yes	No
Would you recommend the applicant for licensure?	Yes	No
Did the applicant successfully complete the program?	Yes	No
The Applicant attended the program from _____ to _____. I certify that the information on this form is true and correct.		
(Mo/Yr) (Mo/Yr)		
_____	_____	
Program Director's/Dean's Signature	Date	
Subscribed and sworn before me this the ____ day of _____, _____.		

Notary Public	(Affix Seal Here)	
My Commission Expires:		

ATTACHMENT 3



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243

ADVISORY COMMITTEE FOR ACUPUNCTURE
(800) 778-4123, ext. 532-4384 or Local (615) 532-3202, ext. 532-4384
<http://tennessee.gov/health/>

NCCAOM VERIFICATION

Please complete this form and mail it to the address below:

**National Certification Commission for Acupuncture and
Oriental Medicine
76 South Laura Street, Suit 1290
Jacksonville, FL 32202**

To Be Completed By Applicant (Please Print In Ink)

Dear NCCAOM Official:

I am applying for a license to practice as an Acupuncturist in the State of Tennessee. By signing this document I authorize the National Certification Commission for Acupuncture and Oriental Medicine Office to release verification of my membership directly to the State Board of Medical Examiners' Committee for Acupuncture.

Applicant's Name: _____
(First) (Middle) (Last)

Social Security No.: _____
Signature for Release of Information

PLEASE MAIL VERIFICATION DIRECTLY TO:

**Advisory Committee for Acupuncture
665 Mainstream Drive
Nashville, TN 37243**



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243

DECLARATION OF CITIZENSHIP
MUST ACCOMPANY ALL APPLICATIONS FOR INITIAL LICENSURE OR REINSTATEMENT OF LICENSURE

The "SAVE Act" requires Tennessee Department of Health (including all Boards, Commissions, and contractors), along with every local health department in the State, to verify that *every adult* applicant for a professional license is either a U.S. citizen, a "qualified alien," or a nonimmigrant who meets the requirements set out at 8 U.S.C. 1621.

I am a(n) _____
Healthcare Profession (Please Print) License number if applicable

Please Print Legibly

1. Name: _____
Last First Middle Maiden_
2. Mailing Address: _____
3. Phone Number: Home: (____)____-____ Office: (____)____-____ Fax: (____)____-____
4. I am a United States Citizen: ___Yes ___No
5. I am a foreign national not physically present in the United States ___Yes ___No. If you answered yes, to this question please sign this form in the presence of a notary and return it with your application. No further documentation is required.
6. Applicants Claiming United States Citizenship **MUST** provide one of the following:
 - a) Tennessee Driver's License, or photo ID issued by Department of Safety.
 - b) A valid driver license or ID issued by another state, provided its issuance requirements meet Department of Safety criteria.
 - c) An official birth certificate issued by a U.S. state, territory, or other jurisdiction. Puerto Rican birth certificates issued before July 1, 2010 do not count.
 - d) A federally issued birth certificate.
 - e) A valid, unexpired U.S. passport.
 - f) A report of birth abroad of a U.S. citizen.
 - g) A certificate of citizenship.
 - h) A certificate of naturalization.
 - i) A U.S. citizen ID card.
 - j) Any successor document to #'s a-i above.
 - k) SSN that the entity or local health department may verify with the Social Security Administration in accordance with federal law.
7. If you checked "No" in question 4 please indicate from the list below which category applies to you: (circle one)
 - a) Permanent Residents
 - b) A nonimmigrant applicant for a professional or commercial license whose visa for entry into the United States is related to such employment, or a nonimmigrant under the Immigration and Nationality Act (8 U.S.C. 1101 *et seq.*).

- c) Asylees who meet the qualifications set out in 8 U.S.C. 1158
- d) Refugees who meet the qualifications set out in 8 U.S.C. 1157
- e) Persons who have been "paroled into the United States," under 8 U.S.C. 1182(d)(5) or whose deportation has been withheld under 8 U.S.C. 1253.
- f) Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980
- g) Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
- h) An alien who has been "battered" or subjected to "extreme cruelty" by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c)(2) and (3), victims' children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming **qualified alien status** (question 7 above), please submit two of the following forms of "documentation of identity and immigration status" as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status are listed below. (Note: If you can provide only one document, your status will be verified through the U.S. Department of Homeland Security's SAVE program):

I-327 (Reentry Permit)

I-551 (Permanent Resident Card or "Green Card")

I-571 (Refugee Travel Document)

I-766 (Employment Authorization Card)

Machine Readable Immigrant Visa (with Temporary I-551 language)

Temporary I-551 stamp (on passport or I-94)

I-94 (Arrival/Departure record)

Unexpired foreign passport

WT/WB Admission Stamp in unexpired foreign passport

I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status- "student visa")

DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

I affirm under the penalty of perjury that the above is true and correct.

Signed this ____ day of _____, 20__.

Signature

Sworn to before me this ____ day of _____, 20__.

NOTARY PUBLIC

AFFIX SEAL HERE

My Commission Expires: _____

If an applicant is discovered to be an unqualified alien, or otherwise ineligible for benefits under the Act, all recurring benefits provided to that applicant must be immediately terminated. Anyone who purposefully makes a false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status will be liable under the Tennessee Medicaid False Claims Act, or Tennessee's False Claims Act. Any person who conspires to defraud the state or any local health department by securing a false claim allowed or paid to another person in violation of the Act may be liable under Tennessee's False Claims Act. Upon discovery of an applicant's false, fictitious, or fraudulent claim of U.S. citizenship, state governmental entities and local health departments must also file a criminal complaint with the United States Attorney.