

Approved by _____
Date _____

FOR BOARD USE ONLY

Date Licensed _____
License No. _____

MARYLAND STATE BOARD OF ACUPUNCTURE
4201 PATTERSON AVENUE, ROOM 320
BALTIMORE, MARYLAND 21215
(410) 764-4766 or TOLL FREE (800) 530-2481

APPLICATION FOR LICENSURE

APPLICATION FEE

A non-refundable fee of \$450.00 must be made payable (check or money order) to the Maryland State Board of Acupuncture.

PERSONAL INFORMATION

1. FULL LEGAL NAME

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

2. ADDRESS

(Street No. And Name) **(P.O. BOX NUMBERS ARE NOT ACCEPTABLE)** (City, State, ZIP Code)

3. TELEPHONE NUMBER(S)

() _____ () _____

(Home)

(Work)

4. SOCIAL SECURITY NUMBER _____ - _____ - _____

5. DATE OF BIRTH ____ / ____ / ____ **PLACE OF BIRTH** _____

6. EMAIL ADDRESS: _____

PLEASE PRINT YOUR NAME EXACTLY HOW YOU WANT IT TO APPEAR ON THE LICENSE AND WALL CERTIFICATE ON THE LINE BELOW IF DIFFERENT FROM ABOVE. (NO TITLES WILL BE PUT ON CERTIFICATE)

BASIS FOR APPLICATION

____ 1. EDUCATION IN ACUPUNCTURE

____ 2. NCCAOM CERTIFICATION (Scores must be mailed directly from the NCCAOM)

EDUCATIONAL REQUIREMENTS

THIS SECTION OF THE APPLICATION MUST BE COMPLETED

1. Applicant must have 1800 hours of training, including 300 clinical hours, in Traditional Chinese Medicine (TCM) from a school accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) or a school which has been approved by the Maryland Higher Education Commission.
2. Documentation of **ACUPUNCTURE** education (transcripts) must be provided. **ALL TRANSCRIPTS MUST COME DIRECTLY FROM THE SCHOOL.** (If transcript is in a foreign language, an English translation of the transcript must be provided.)

NOTE: Transcripts received from foreign schools must be reviewed by AACRO.

3. List **NAMES** and **COMPLETE ADDRESSES** of **ACUPUNCTURE** schools, dates attended and degree or certificate received.

Name of School	Dates Attended	Degree or Certificate Received
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PROOF OF ENGLISH PROFICIENCY REQUIREMENTS

1. If you are a foreign applicant, it is required that you also take and pass the TOEFL :

577 - paper/pencil test

233 - computer based test

90 - internet based test with a minimum passing score on each section as follows:

Writing - 22

Speaking - 23

Reading - 21

Listening - 24

90

or

2. If you have earned 60 credits from an English-speaking undergraduate school or English-speaking professional school, you may be exempt from the examinations.

REFERENCES

Three names of individuals should be cited below including complete addresses (no P.O. Box numbers) and telephone numbers.

Two of these individuals shall have known the applicant for the 5 year period directly preceding the application for licensure; and

The third individual shall be a practicing acupuncturist in Maryland or in a State within the United States that has licensing requirements at least equivalent to those in this State.

(PLEASE PRINT)

- | | <u>NAME, ADDRESS & PHONE #</u> | <u>YEARS KNOWN</u> | <u>STATE IN WHICH
ACUPUNCTURIST
IS LICENSED</u> |
|----|---|---------------------------|--|
| 1. | | | |
| 2. | | | |
| 3. | | | |

DISCIPLINARY ACTIONS

1. ANSWER THE FOLLOWING QUESTIONS BY CHECKING •YES• OR •NO• AND ATTACH AN EXPLANATION FOR ANY QUESTIONS ANSWERED WITH YES.

YES NO

- | | | | |
|--------------------------|--------------------------|-----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1) | Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice in your profession? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2a) | Has any licensing or disciplinary board in any jurisdiction, or an entity of the Armed Services, denied your application for licensure, reinstatement or renewal; taken any action against your license, including but not limited to, reprimand, suspension, revocation, fine or non-judicial punishment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2b) | Have you surrendered or allowed your license to lapse while under investigation by an licensing or disciplinary board in any jurisdiction or an entity of the Armed Services? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3) | Have any complaints, investigations, or charges been brought against you or are currently pending, in any jurisdiction, by any licensing or disciplinary board or entity of the Armed Services? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4) | Have you had a physical or mental illness that may presently affect or impair your ability to practice your profession? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5) | Have you pled guilty, nolo contendere, been convicted, received probation before judgment or other diversionary disposition of any criminal act or for driving while intoxicated, or for a controlled dangerous substance offense? (excluding traffic violations)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6) | Has your employment by any health care employer been affected by disciplinary actions, including probation, suspension, loss of privileges, transfer to other duties, or termination of employment or contract? |
| <input type="checkbox"/> | <input type="checkbox"/> | g. | Do you currently have a physical or mental condition which may affect your ability to practice your profession? |
| <input type="checkbox"/> | <input type="checkbox"/> | h. | Has any malpractice or claim for damages been filed against you which is pending, has been dismissed, has been settled, or damages have been awarded against you? |

If you answered “yes” to any of the questions in Section V – Character, attach a detailed explanation on a separate sheet of paper for each occasion. Each attachment must have your name in print, signature and date.

RELEASE

**** (Must be signed in the presence of a Notary Public) ****

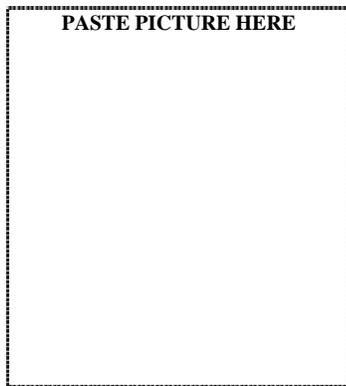
I hereby grant a release to the State of Maryland Board of Acupuncture to secure any information or document(s) needed to evaluate my application for licensure.

(Applicant Signature)

(Date)

CURRENT PASSPORT PHOTO OF APPLICANT

**** (Must be signed in the presence of a Notary Public) ****



Year Picture Taken

I attest that this photograph is a genuine likeness taken in the year indicated.

(Applicant Signature)

(Date)

NOTARY PUBLIC

Sworn before me this ____ Day of _____, 20__.

(Notary - Name Printed)

(Notary - Signature)

My Commission Expires

NOTARY SEAL

APPLICANT SIGNATURE OF UNDERSTANDING

I affirm that the information I have given in this application is true and correct, and that I am thoroughly familiar with the Statute and Regulations which govern the practice of Acupuncture in the State of Maryland. I also understand that any false information provided as part of my application may be cause for the denial of my application.

(Applicant Signature)

(Date)

TO FURTHER ITS COMMITMENT TO EQUAL OPPORTUNITY THE ACUPUNCTURE BOARD REQUESTS APPLICANTS TO PROVIDE, VOLUNTARILY, THE FOLLOWING INFORMATION. THIS INFORMATION WILL BE USED FOR STATISTICAL PURPOSES ONLY BY AUTHORIZED PERSONNEL.

MALE FEMALE

RACE/ETHNIC IDENTIFICATION – PLEASE CHECK ALL THAT APPLY

Are you of Hispanic or Latino origin? Yes No

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

1. American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
2. Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
3. Black or African American (A person having origins in any of the black racial groups of Africa.)
4. Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
5. White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)