

Check if you are you a veteran,
service member or spouse?

FOR BOARD USE ONLY

Date Issued

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 **\$525.00** 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) (City, State, ZIP Code)
(P.O. BOX NUMBERS ARE NOT ACCEPTABLE)

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
(Please check one of the following)

____ **1. EDUCATION IN ACUPUNCTURE** (transcripts must be mailed directly from school)

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

EDUCATIONAL REQUIREMENTS

THIS SECTION OF THE APPLICATION MUST BE COMPLETED

1. Applicants applying with education 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:** Applicants trained in a school outside of the USA must submit their educational transcripts (at the applicant's expense) to an educational evaluation agency. The Board has delegated its review of foreign applicants to the **American Association of Collegiate Registrars and Admissions Officers (AACRAO)** and/or the **World Education Services (WES)**. The foreign credentials equivalency review must be completed in addition to the initial application.
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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(PLEASE COMPLETE NUMBER 3 ABOVE EVEN IF YOU ARE APPLYING WITH NCCAOM EXAM)

PROOF OF ENGLISH PROFICIENCY REQUIREMENTS

1. If you are a foreign applicant, it is required that you prove English competency. You must either show proof of taking and passing 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 submit a transcript and 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 YESOR 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) ****

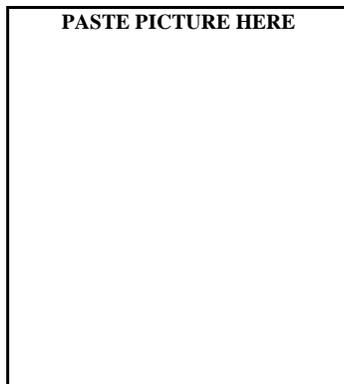
I hereby grant a release to the State of Maryland Board of Acupuncture to secure any information or document(s) needed to evaluate my application for licensure.

(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)

VOLUNTARY DATA COLLECTION

To further its commitment to equal opportunity, the Board of Acupuncture requests applicants to provide VOLUNTARILY, the following information. This information will be used for statistical purposes only by authorized personnel.

Race/ethnic identification – please check all that apply:

___ **1.** Hispanic or Latino origin (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).

___ **2.** 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 affiliations or community attachment).

___ **3.** Asian (a person having origin in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for ex. Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam).

___ **4.** Black or African American (a person having origins in any of the black racial groups of Africa).

___ **5.** Native Hawaiian or other Pacific Islander (a person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).

___ **6.** White (a person having origins in any of the original peoples of Europe, the Middle East or North Africa).

___ **7.** Other.

APPLICATION CHECKLIST

YOUR APPLICATION MUST BE COMPLETE WITH ALL REQUIRED DOCUMENTATION

____ 1. Completed Board application packet, "*Application for Licensure*"

____ 2. Attached passport type photo with Notary Seal

____ 3. Officially certified sealed transcripts mailed directly to the Board from your accredited acupuncture school,

OR

Officially certified sealed exam scores mailed directly to the Board from the National Certification Commission for Acupuncture & Oriental Medicine (NCCAOM)

____ 4. Application fee of \$525.00 by certified check or money order made payable to the MD Board of Acupuncture (attached to application)

For Foreign applicants:

____ 1. . Official copies of all foreign educational records must include transcripts, certificates and diplomas and must be submitted in the original language. Records that are not in English must be accompanied by a literal English translation. Official transcripts must be sent directly from your school to the Board.

____ 2. If applicable, officially certified sealed exam scores mailed directly to the Board from TOEFL to the Acupuncture Board.

____ 3. Officially certified sealed credentials review mailed directly from AACRAO or WES to the Acupuncture Board

____ 4. Attached passport type photo with Notary Seal

____ 5. Application fee of \$525.00 by certified check or money order made payable to the MD Board of Acupuncture (attached to application)

REMINDER ABOUT CONTINUING EDUCATION

The Board requires that for every two years of licensure, 30 hours of continuing education is earned for renewal. It is the responsibility of the licensee to maintain documentation of continuing education. You will be expected to provide these hours in 2 years when your license will be renewed.

Continuing education **documentation** must contain the following information in order to be acceptable to the Board.

- Must be on sponsor letterhead
- Must have the complete name of course
- Must have number of credit hours received
- Must have date(s) credit hours were received
- Must have signature of instructor

A licensee will not be renewed unless the continuing education requirement has been met. Licensees who fail to meet this requirement must apply for reinstatement.

The CEU breakdown is as follows:

- **At least 20 hours in formally organized programs which are relevant to the practice of acupuncture.**
- **Not more than 10 hours of training in accredited programs which will assist a licensee to carry out the licensee's professional responsibilities** such as management courses, computer training, CPR, western medicine, massage, foreign language training for translators of relevant texts, or educational methodology for teachers of acupuncture
- **Not more than 10 hours teaching** acupuncture and related oriental medical therapies
- **Not more than 4 hours for writing** peer review articles
- **Not more than 7 credit hours in pro bono activity.** 1 credit hour for each 3 hours of pro bono activity is allowed per renewal cycle.