Maryland Board of Acupuncture

4201 Patterson Avenue
Baltimore, MD 21215
(410) 764-4766 or Toll Free 800-530-2481

APPLICATION FOR REINSTATEMENT

*****(Reinstatement fee $200.00 + Renewal fee $525.00)*****

(Make check or money order payable to the Maryland Board of Acupuncture)

CONTINUING EDUCATION OR TESTING REQUIREMENTS:

- Forty hours of continuing education for each renewal period the license has lapsed, not to exceed 80 hours; or
- Passage of the acupuncture exam given by the NCCAOM within 4 years from the date of reinstatement.

*(Must provide **copies** of "certificates of attendance" or NCCAOM results)*

1. *Name:* _____

2. *Mailing Address (P.O. Boxes are not acceptable):*

   _____

   _____

3. *Telephone Numbers: (H)* _____

   (W) _____

4. *Date of Birth:* ☐☐-☐☐-☐☐☐☐

5. *Social Security Number:* ☐☐☐-☐☐-☐☐☐☐

6. *Sex:* M☐ F☐

7. *Race: Check one:*
   - ☐ *1) Caucasian*
   - ☐ *2) African American*
   - ☐ *3) Native American*
   - ☐ *4) Oriental/Asian*
   - ☐ *5) Hispanic*
   - ☐ *6) Other*

8. *Since the expiration date of your Maryland acupuncture license, have you practiced acupuncture in any other State?* ☐ *Yes* ☐ *No* *If you answered "yes", please complete the information below:*

State	License #	Issue Date	Status

9. Disciplinary Actions: Check one: If you answer "yes" to any of these questions, attach a detailed explanation on a separate sheet of paper.

YES	NO		
☐	☐	1)	Have the use of drugs and/or alcohol resulted in an impairment of your ability to practice in your profession?
☐	☐	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?
☐	☐	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?
☐	☐	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?
☐	☐	4)	Do you have a physical or mental illness that may presently affect or impair your ability to practice your profession?
☐	☐	5)	Have you pled guilty, nolo contendere, been convicted, received probation before judgment or other diversionary disposition of any criminal act (excluding traffic violations)?
☐	☐	6)	Have you plead guilty, nolo contendere, been convicted of, received probation before judgment or other diversionary disposition for driving while intoxicated, or for a controlled dangerous substance offense?

10. Certification, Affirmation and Authorization

A. 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 a part of my reinstatement application may be cause for denial of my application.

B. I further understand that my renewal cycle will remain the same and that the reinstatement of my license is valid until my next renewal.

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

SIGNATURE OF APPLICANT: *DATE:*

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