

# MARYLAND BOARD OF ACUPUNCTURE

## REINSTATEMENT OVERVIEW

Listed below are the basis and requirements for reinstatement:

Thirty days after the expiration date of a license, a licensee whose license has expired without seeking inactive status may have the license reinstated upon meeting all of the following:

- (1) Submission of a completed reinstatement application on a form required by the Board;
- (2) Payment of the reinstatement fee, and renewal fee, specified in COMAR 10.26.01; and
- (3) One of the following:
  - (a) Forty hours of continuing education for each renewal period the license has lapsed, not to exceed 60 hours; or
  - (b) Passage of the acupuncture exam given by the NCCAOM within 4 years from the date of reinstatement.

Maryland State Board of Acupuncture  
4201 Patterson Avenue  
Baltimore, MD 21215  
(410) 764-4766 or Toll Free 800-530-2481

**APPLICATION FOR REINSTATEMENT**

**(\$200.00 Reinstatement + \$553.00 Renewal)**

*Check/Money Order payable to Maryland Board of Acupuncture. Fees are non-refundable.*

1. Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

3. Email:

4. Telephone Numbers: (H)

(W)

5. Date of Birth: □□-□□-□□□□

6. Social Security Number: □□□-□□-□□□□

(There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

7. Sex: M  F

8. Race: Check one:

- 1) Caucasian
- 2) African American
- 3) Native American
- 4) Oriental/Asian
- 5) Hispanic
- 6) Other

9. 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:

<u>State</u>	<u>License #</u>	<u>Issue Date</u>	<u>Status</u>
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\_\_\_\_\_

\_\_\_\_\_

10. 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**

- |                          |                          |     |  |
|--------------------------|--------------------------|-----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1)  | Have 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)  | Do you have 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 (excluding traffic violations)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 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?  |

11. *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: