



# MARYLAND Department of Health

## BOARD OF ACUPUNCTURE

### VETERANS AUTO AND EDUCATION IMPROVEMENT ACT OF 2022 (PL 117-333) Military Licensure Exemption Claim Form

Licensee Information:

☐ Service Member    ☐ Service Member Spouse    Duty Station \_\_\_\_\_

Full Name \_\_\_\_\_

Personal Information	Professional Information
Social Security # _____	<input type="checkbox"/> Employee <input type="checkbox"/> Employer <input type="checkbox"/> Solo Practitioner
Birth Date _____	Business Name _____
Address _____	Address _____
Home # _____	Work # _____
Mobile # _____	Email _____
Email _____	Current License # _____
Race: <input type="checkbox"/> White/European <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Asian/ Pacific Islander <input type="checkbox"/> Other _____	State _____
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Claim Supporting Documentation <ul style="list-style-type: none"><li>▪ Military service orders</li><li>▪ Marriage Certificate (if applicable)</li><li>▪ Letter or Verification of good standing from the current licensing authority/board</li><li>▪ Photo that meets passport standards</li><li>▪ Notarized Affidavit</li></ul>	



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I am claiming eligibility for the military licensing exemption in accordance with the Veterans Auto and Education Improvement Act of 2022 (VAEIA) and therefore affirm that:

- I am a Service Member or the spouse of a Service Member ordered to relocate to the State of Maryland for Military Service.
- I will immediately notify the Board of Acupuncture of any changes or extensions to my residency in the State of Maryland due to Military orders.
- I hold a license in good standing in another state, and I acknowledge that I am only permitted to practice in Maryland if I maintain an out-of-state license and remain in good standing with each licensing authority that has issued me a license to practice acupuncture and/or East Asian Medicine in Maryland under VAEIA for the duration of my residency in the State of Maryland due to military orders.
- I have actively practiced under my current license during the two years immediately preceding the order to relocate to Maryland for Military Service.
- I acknowledge that I am subject to the Maryland Acupuncture Practice Act (MAPA) and am subject to discipline under the grounds set forth by MAPA, Maryland Code Ann., Health Occ. § 1A-309
- I agree that I will fully cooperate with any request for information, background check or any investigation related to my practice in the State of Maryland, including the subpoena of documents or records.

The documents and information I am submitting is true and, to the best of my knowledge, is accurate. I understand that if fraud is detected disciplinary action may result. I agree that the Maryland Board of Acupuncture may request any information necessary to support the claim of the exemption pursuant to VAEIA, and I agree that any person or relevant entity may release to the Maryland Board of Acupuncture the information requested. I also agree to sign any subsequent release for information that may be requested by the Maryland Board of Acupuncture.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

### **THIS AREA FOR OFFICE USE ONLY**

Date Claim Form Received \_\_\_\_\_

Date Recognition Notice Issued \_\_\_\_\_

Date Decision Notice Issued \_\_\_\_\_

☐ Approved

☐ Denied

Notes: \_\_\_\_\_

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## BOARD OF ACUPUNCTURE

### VETERANS AUTO AND EDUCATION IMPROVEMENT ACT OF 2022 (PL 117-333) Military Licensure Exemption Claim Affidavit

By my signature above, I solemnly affirm, under the penalties of perjury, that the contents of this document are true to the best of my knowledge, information, and belief. I further understand that providing false information to the Board may result in the denial of licensure or certification or discipline against my license or certificate in the future, which may include a reprimand, probation, suspension, revocation, and/or a monetary penalty.

State of Maryland

County of \_\_\_\_\_ (or City of Baltimore), to wit:

I hereby certify that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the subscriber a notary public of the State of Maryland, in and for \_\_\_\_\_ [county or City of Baltimore for which notary is appointed], personally appeared \_\_\_\_\_ [name of person(s) swearing] and made \_\_\_\_\_ [oath or affirmation] in due form of law that the matters and facts set forth in the \_\_\_\_\_ [document to which the person(s) is or are swearing] are true.

As witness, my hand and notarial seal.

[Notary Seal]

\_\_\_\_\_  
[Signature of Notary Public]

\_\_\_\_\_  
[Printed Name of Notary Public]

Notary Public My Commission Expires: \_\_\_\_\_