

**MARYLAND ACUPUNCTURE BOARD  
4201 PATTERSON AVENUE  
BALTIMORE, MD 21215  
410-764-4766**

**AURICULAR DETOXIFICATION SPECIALIST  
APPLICATION FOR CHANGE OF SUPERVISOR**

**NAME OF AURICULAR DETOXIFICATION SPECIALIST:**

\_\_\_\_\_

**OLD SUPERVISING ACUPUNCTURIST**

**(Name)** \_\_\_\_\_

**Effective Date of Change:** \_\_\_\_\_

**NEW SUPERVISING ACUPUNCTURIST INFORMATION**

1. Name of Supervising Acupuncturist: \_\_\_\_\_

2. Supervisor's Maryland License Number: \_\_\_\_\_

3. Date Licensed Issued: \_\_\_\_\_

4. Supervisor's Telephone Number: \_\_\_\_\_

5. Auricular Detoxification Training: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

***NOTE: The Board may approve a Maryland licensed acupuncturist for supervision of an individual registered to perform auricular detoxification if the licensee:***

- 1. Has been a licensed acupuncturist for at least 2 years;***
- 2. Has completed a course in auricular detoxification.***

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**CLINIC INFORMATION**

1. Name of Clinic in which you wish to perform auricular detoxification

\_\_\_\_\_

2. Address of Clinic: \_\_\_\_\_

3. Phone Number of Clinic: \_\_\_\_\_

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)

**SUPERVISOR RESPONSIBILITIES**

A supervisor shall ensure that:

- New auricular detoxification aides are sufficiently competent in the areas listed in Regulation .09B(1);
- Employment records for auricular detoxification aides are maintained in a manner appropriate for and consistent with current and reasonable community standards of care; and
- Medical records for patients of auricular detoxification aides are maintained in a manner appropriate for and consistent with current and reasonable community standards of care.

\_\_\_\_\_  
(Supervisor Signature)

\_\_\_\_\_  
(Date)