Listed below is 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.
APPLICATION FOR REINSTATEMENT
($200.00 Reinstatement + $561.00 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:

<table>
<thead>
<tr>
<th>State</th>
<th>License #</th>
<th>Issue Date</th>
<th>Status</th>
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03/03/15
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
☐  ☐  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?

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: