

MARYLAND ACUPUNCTURE LICENSURE RENEWAL FORM
CURRENT EXPIRATION DATE: 11/30/2017 RENEWAL EXPIRATION DATE: 11/30/2019

Maryland State Board of Acupuncture
4201 Patterson Avenue, Room 320
Baltimore, MD 21215
(410) 764-4766 or Toll Free 800-530-2481

RENEWAL FEES **Renewal Application:** \$525.00 + \$26.00** = \$551.00

Late Fee: \$100.00* **MAKE CHECK OR MONEY ORDER PAYABLE TO:** Maryland Board of Acupuncture. *Late fee applies to licensees who submit the renewal application between December 1, 2017 and December 31, 2017. After this period, licensees must reinstate their license.

DO YOU HAVE A DUPLICATE LICENSE: yes ☐ no ☐

SECTION I – GENERAL INFORMATION - This section must be completed in full.

If your name or address has changed since the last renewal, please indicate by noting new address and enclose proof of name change such as a court document or marriage certificate.

- A. **Name** _____
- B. **License Number** _____
- C. **Social Security Number:** _____ - _____ - _____
(There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)
- D. **Home Address:** _____

- Home Phone Number:** _____
- E. **Work Address:** _____

- Work Phone Number:** _____
- F. **Mailing Address:** Which address do you wish to receive mail from the Board? (renewals, licenses, newsletters, etc.)
(Please check one) Business: ☐ Home: ☐
- G. **EMAIL ADDRESS** _____
- H. **COUNTY OF RESIDENCE:** _____
- I. **COUNTY OF PRACTICE:** _____
- J. **EMPLOYMENT STATUS:** _____
 1-Full Time 4-Retired
 2-Part Time/Second job 5-Other
 3-Inactive
- K. **EMPLOYMENT TYPE** (Primary- one only) _____
 01 Solo Practitioner 04 Staff, Hospital
 02 Single-Specialty Group 05 Staff, Non-acute Care Facility
 03 Multiple-Specialty Group 06 Staff, Other
- Since your last renewal, have you practiced in the State of Maryland? ☐ Yes ☐ No
- L. **Licensure in other states:** List other states and license # in which you hold an active acupuncture license.

State	License Number

- M. **Name of Acupuncture School Attended:** _____
- N. **Have you passed the NCCAOM examination?** (Please check one) Yes ☐ No ☐

SECTION II – CONTINUING EDUCATION REQUIREMENTS: Licensees must have completed at least 30 hours of continuing education during the two years prior to this renewal. **(INCLUDE DOCUMENTATION ONLY IF AUDIT LETTER ACCOMPANIES THIS FORM)**

*****All 30 CEU's must be documented on attached form.*****

SECTION III – WORKER'S COMPENSATION *(This section must be completed.)*

The Health Occupations Article §1-202 requires that you verify compliance with the Workers' Compensation Law for your renewal to be issued. I hereby certify the following: (a) ☐ I do not practice in Maryland; OR (b) ☐ I do practice, but do not employ anyone in my practice in Maryland; OR (c) ☐ I employ one or more persons in Maryland and have the following Workers' Compensation coverage:

Insurance Company (Workers' Compensation only):

Policy Number:

Expiration Date:

SECTION IV – CHARACTER - This section must be completed. (The following questions pertain to the period December 1, 2015 through November 30, 2017). **Since your last renewal:**

YES NO

- | | | | |
|--------------------------|--------------------------|-----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1) | Has 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) | Have you had 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 or for driving while intoxicated, or for a controlled dangerous substance offense? (excluding traffic violations)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6) | Has your employment by any health care employer been affected by disciplinary actions, including probation, suspension, loss of privileges, transfer to other duties, or termination of employment or contract? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7) | Has any malpractice or claim for damages been filed against you which is pending, has been dismissed, has been settled, or damages have been awarded against you? |

If you answered "yes" to any of the questions in Section V – Character, attach a detailed explanation on a separate sheet of paper for each occasion. Each attachment must have your name in print, signature and date.

Notice For Mailing List

The information collected on this application form is collected for the purposes of the Board's functions under Md. Health Occupations Code Annotated, Title 4. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by federal and State law. Under the Maryland Public Information Act, Md. State Gov't Code Ann. §10-617, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

Applicant Signature

Practice of acupuncture without an active license is a violation of the Acupuncture Practice Act. I affirm that the contents of this document are true and correct to the best of my knowledge and belief. Failure to provide truthful answers may result in disciplinary action.

Applicant Signature

Date

NEW

The Maryland Board of Acupuncture is interested in obtaining additional statistical information from our licensees. Please indicate whether or not you hold another health care professional license, the state in which the license was issued and whether or not is an active license. Also, please indicate if you have a degree in another health care profession.

PLEASE PRINT VERY CLEARLY

CONTINUING EDUCATION

(Must have the required 30 hours listed below)

Do not send documentation unless audited

[illegible]

TO FURTHER ITS COMMITMENT TO EQUAL OPPORTUNITY THE ACUPUNCTURE BOARD REQUESTS APPLICANTS TO PROVIDE, VOLUNTARILY, THE FOLLOWING INFORMATION. THIS INFORMATION WILL BE USED FOR STATISTICAL PURPOSES ONLY BY AUTHORIZED PERSONNEL.

MALE ☐ FEMALE ☐

RACE/ETHNIC IDENTIFICATION – PLEASE CHECK ALL THAT APPLY

Are you of Hispanic or Latino origin? Yes ☐ No ☐
(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

1. ☐ American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
2. ☐ Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
3. ☐ Black or African American (A person having origins in any of the black racial groups of Africa.)
4. ☐ Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
5. ☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Maryland Health Care Commission User Fee

The Maryland Health Care Commission currently collects a user fee from eleven “health care practitioner” boards, insurance carriers and third party administrators. The Commission attaches their fee to Board renewal fees and collects the revenue at the end of the year in a lump sum. Please note that this extra money is realized by the Commission, not the Acupuncture Board. The Commission extracts this extra revenue directly from the Board’s budget, in a lump sum, at the end of each fiscal year.

The Board of Acupuncture has incorporated this user fee in its renewal fee over the past 6 years, so you have probably not noticed that the extra fee was being accessed. However, due to budget constraints, the Board can no longer carry this fee separately and must tack on the additional fee starting November 2009.