



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

Maryland State Board of Acupuncture

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AURICULAR DETOXIFICATION SPECIALIST REGISTRATION

REGISTRATION STATUS: ☐ New Renewal: ☐ On Time ☐ Late

REGISTRATION FEE: ☐ \$50 ☐ \$25 ☐ \$100

Online payment accepted. Cut and paste the appropriate link into your internet browser and submit proof of payment with your registration form to the Board.

[NEW Registration Fee](#) [RENEWAL Registration Fee](#) [REINSTATEMENT Registration Fee](#)

Note: New licenses are not issued upon renewal or reinstatement. Please visit the Board's website to use the [Verify A License](#) tool for proof of your registration.

SECTION I – GENERAL INFORMATION

Please note and submit proof of address and name changes with form, if applicable.

A. Registration #: ADS _____

Name: _____
☐ **This application includes a name change**

Social Security Number: _____
(This is a statutory requirement used for identification purposes only.)

This application includes an address change ☐ Home ☐ Business

Note: The Board defaults to using the business address for correspondence first.

B. Home Address: _____

Home Phone Number: _____

C. Work Address: _____

SECTION I – GENERAL INFORMATION - Continued

Contact Numbers:

Work _____ Home _____ Cellular _____

D. ADS Email Address: _____

E. Other Health Occupation Licensure: *(Attach proof of licensure)*

Occupation: _____ **Expiration:** _____

Notice For Mailing List

All the information on the application must be provided to be considered complete.

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.

F. ADS Supervisor Information

License #: _____

Name: _____

Practice Information

Business Name (if applicable): _____

Address: _____

Contact Numbers: Work _____ Cellular _____

ADS Email Address: _____

ADS Supervisor Signature _____ **Date** _____

SECTION IV – CHARACTER

The following questions pertain to the period 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 (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? |

If you answered “yes” to any of the questions in Section V – Character, please use the space on the rear of this form to document the circumstances or attach a detailed explanation.. All attachments must have your printed name, registration number, signature and date.

Applicant Signature

The practice of auricular detoxification without proper certification is a violation of the Maryland 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.

Print Name: _____

Signature: _____ Date _____

SECTION IV – CHARACTER - CONTINUED

If you answered “yes” to any of the questions in Section V – Character, please use this space to document the circumstances. Each attachment must have your name in print, signature and date.

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There are no margins, text, or other markings on the page.

Registration #: ADS _____ **Print Name:** _____

Signature: _____ **Date** _____