



DEPARTMENT OF HEALTH

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

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 and Professional Information sections with various fields for social security, birth date, address, phone numbers, email, race, ethnicity, gender, business name, license number, and state.

Claim Supporting Documentation section with checkboxes for military service orders, marriage certificate, letter of good standing, and photo.



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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 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_

THIS AREA FOR OFFICE USE ONLY
Date Claim Form Received \_\_\_\_\_
Date Recognition Notice Issued \_\_\_\_\_
Date Decision Notice Issued \_\_\_\_\_ [ ] Approved [ ] Denied
Notes: \_\_\_\_\_