

State of Arizona Acupuncture Board of Examiners
1400 West Washington, Suite 230, Phoenix, Arizona 85007
(602) 542-3095 Fax (602) 542-3093
Website: acupunctureboard.az.gov

**AURICULAR ACUPUNCTURE
 CERTIFICATE APPLICATION
 A.R.S. § 32-3922 and R4-8-301**

<u>Scope of certificate</u> Practice of auricular acupuncture in the State of Arizona.	<u>Term</u> One year. May be renewed.
--	---

Auricular acupuncture means the application of acupuncture needles to the pinna, lobe or auditory meatus to treat alcoholism, substance abuse or chemical dependency.

An auricular acupuncture certificate allows the certificate holder to practice auricular acupuncture only in a substance abuse or chemical dependency program approved by the board, this state or the federal government and only under the supervision of an Arizona licensed acupuncturist.

REQUIREMENTS FOR CERTIFICATION

1. An applicant shall meet **ALL** the following requirements:
 - a. Successful completion of NADA or a Board approved training program in acupuncture for the treatment of alcoholism, substance abuse or chemical dependency that meets or exceeds standards of training established by the national acupuncture or a board approved group.
 - b. Successful completion of a Clean Needle Technique Course approved by the Board.
 - c. Completed Arizona Statement of Citizenship and Alien Status for State Public Benefits form.
 - d. Submit the required notarized application.
2. Submit a photograph taken within the past year, not less than 2" x 2".
 (Sign your name on the light portion of photograph, not across front.)
3. Payment of the application fee and certificate fee in the amount of \$150.00 is due at time of application.

**AURICULAR APPLICATION AND CERTIFICATE
 FEE SCHEDULE**

Application fee: (non-refundable)	A.R.S. § 32-3927 (A) (2)	\$75.00
Certificate fee:	A.R.S. § 32-3927 (A) (8)	\$75.00

Application Fee And Certificate Fee Must Be Included With Application
 Please make checks or money orders payable to the
Arizona Acupuncture Board of Examiners. DO NOT SEND CASH.

ADMINISTRATIVE USE ONLY

Date Received _____ **Amount \$** _____ **Check #** _____ **Receipt #** _____

CLEARLY PRINT OR TYPE ALL INFORMATION

Last Name: _____

First Name: _____

Middle Name _____

Other name(s) known by: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____ / _____ / _____

Business Address:

Clinic Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-Mail: _____

Home Address:

Home telephone numbers and addresses will be kept confidential, unless these are the only numbers of record.

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____ E-Mail: _____

Your application is not complete until the Board office has received all verification documents.

Applicants must contact the organizations or individuals to have verification sent directly to the Board. Records and documents must have an original (not photocopied) signature, stamp or seal of the official authorized to maintain the records of the organization or individuals.

Any documents that are not in English must be accompanied by an acceptable, original translation, performed by a qualified translator, which includes all written and printed material on the original. An Affidavit of Accuracy in which the translator who performed or verified the translation affirms that the entire document has been translated, that nothing has been omitted or added, and that the translation is true and correct, must accompany the translation.

YOU MUST ANSWER ALL OF THE FOLLOWING QUESTIONS:

Yes No Have you been permitted by law to practice auricular acupuncture in another state, territory, district of the United States or country? List the states, including inactive licenses.

State or Country	License Number	Date Issued	Expiration Date	Limitations on License	Licensure by endorsement examination or other

Yes No Has any acupuncture licensing authority of any other state, district, or territory of the United States or any other country or subdivision of any country, ever refused or denied you a license or certificate to practice auricular acupuncture, or revoked, suspended, limited, restricted, or taken any other action regarding your license or certificate to practice acupuncture?

Yes No Do you have any condition that may impair your ability to practice auricular acupuncture safely and skillfully?

Yes No Have you ever been convicted of a crime, other than a minor traffic offense? Include pleas of guilty and no contest, conviction for driving under the influence of drugs or alcohol.

Yes No Has a claim for malpractice ever been made against you or has a lawsuit ever been filed against you, alleging professional malpractice or negligence in the practice of auricular acupuncture?

Yes No Has any health care facility ever terminated, restricted, or taken any other action regarding your employment, professional training, or privileges, or have you ever voluntarily or involuntarily resigned from a health care facility while under investigation?

If you answered YES to any question, you must attach a letter of explanation, and documents or records that have original (not photocopied) signature, stamp or seal of the official authorized to maintain the records or documents.

NOTICE:

Pursuant to A.R.S. 32-3208 an applicant who has been charged with a misdemeanor or felony involving conduct that may affect patient safety after submitting an initial application or an application for renewal must notify the regulatory board in writing within ten working days after the charge is filed.

Please answer the following questions.

1. Yes No Have you passed a Clean Needle Technique Course?
Course Name: _____
Date Taken: _____
Place Taken: _____

2. Yes No Have you completed NADA or a training program in acupuncture for the treatment of alcoholism, substance abuse or chemical dependency?
Course Name: _____
Date Taken: _____
Place Taken: _____

3. The name and license number of the Arizona licensed acupuncturist that will be your supervisor?

Name	License Number	Phone Number
------	----------------	--------------

AFFIDAVIT

I hereby certify that under penalties of perjury, I declare and affirm that the statements made in this application, including accompanying statements and transcripts, are true, complete and correct. I understand that any false or misleading information, in or in connection with my application may be cause for denial or loss of licensure.

Signature of Applicant

Date

Notary Section

**IN THIS SPACE ATTACH
PHOTOGRAPH
TAKEN WITHIN THE PAST YEAR**

A.R.S. 41-1030(B) An Agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule, or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or conditions.

A.R.S. 41-1030(D) This section may be enforced in a private civil action and relief may be awarded against the State. The Court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the State for a violation of this section.

A.R.S. 41-1030 (E) A State employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

A.R.S. 41-1030 (F) This section does not abrogate the immunity provided by Section 12-820.01 or 12-820.02.