

**State of Arizona Acupuncture Board of Examiners
1740 W. Adams, Phoenix, Arizona 85007
(602) 364-0145 Fax (602) 542-3093**

Website: acupunctureboard.az.gov

**AURICULAR ACUPUNCTURE
CERTIFICATE APPLICATION**

A.R.S. § 32-3922

<u>Scope of certificate</u>	<u>Term</u>
Practice of auricular acupuncture in the State of Arizona.	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, Trauma or chemical dependency.
An Acupuncture Detoxification Specialist certificate allows the certificate holder to practice auricular acupuncture only under the supervision of an Arizona licensed acupuncturist.

REQUIREMENTS FOR CERTIFICATION

1. An applicant shall meet AND submit documentation of **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. 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.
4. Completion of the Fingerprint Clearance Card application through Arizona Department of Public Safety.

**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

A receipt will be returned to you within 20 days. Please make checks or money orders payable to the **Arizona Acupuncture Board of Examiners. DO NOT SEND CASH.**

All payments must be on a United States bank draft in United States currency.

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: _____

Business Address:

Clinic Name: _____
Address: _____
Street: _____
City: _____
State: _____ Zip Code _____

Residential Address:

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

Address: _____
Street: _____
City: _____
State: _____ Zip Code _____

TELEPHONE NUMBERS

DATE OF BIRTH

BUSINESS

RESIDENTIAL

OTHER

_____/_____/_____
SOCIAL SECURITY NUMBER

_____-_____-_____

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 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 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 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 law suit ever been filed against you, alleging professional malpractice or negligence in the practice of 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 are original (not photocopied) signature, stamp or seal of the official authorized to maintain the records or documents. If you were convicted of a crime, include in your detailed written explanation the name of the jurisdiction, name of the crime, date of conviction, and current status.

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.

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Please answer the following questions.

1. Yes No Have you passed a Clean Needle Technique Course?

Course Name: _____

Date Taken: _____

Place Taken: _____

Provide documentation of completion of the Clean Needle Technique Course

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: _____

Provide documentation of completion of the NADA or other Training Program

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

Name

License 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**