



**State of Arizona Acupuncture Board of Examiners**

1740 W Adams, Phoenix, Arizona 85007

(602) 542-3095 FAX (602) 542-3093

website: [www.acupunctureboard.az.gov](http://www.acupunctureboard.az.gov)

**Auricular Acupuncture Certificate  
Renewal Application  
A.R.S. § 32-3922 and R4-8-303**

**Scope of Certificate:**

Practice of auricular acupuncture  
in the State of Arizona.

**Term:**

One year.

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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 auricular acupuncture certificate issued allows the certificate holder to practice auricular acupuncture **Only under the supervision of an Arizona licensed acupuncturist.**

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**Requirements For Renewal of Certification**

1. Submit renewal fee: \$75.00 payable to the Arizona Acupuncture Board of Examiners
2. Complete all sections and return this renewal application form.
3. **Late renewals will not be accepted.**

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**Auricular Application Renewal  
Fee Schedule**

Renewal fee:                      A.R.S. § 32-3927 (A) (9)                      \$75.00

1. Return renewal application and fee together.
2. Please make checks or money orders payable to the Arizona Acupuncture Board of Examiners. **DO NOT SEND CASH.**

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**Expired Certificates**

**IMPORTANT NOTICE: There is no late renewal.** If your certificate is not renewed before expiration date then you must cease and desist from auricular acupuncture. You will have to apply for certification as a new applicant and go through the application process and pay all associated fees. Expired certificates cannot be reinstated.

Date Received: \_\_\_\_\_ Amount: \_\_\_\_\_ Check No.: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

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**Answer The Following Questions Relating To The Last 12-Months**

- Yes**  **No** Has any licensing authority of any other state, district, or territory of the United States or any other country or subdivision of any country, denied you a license or certificate to practice auricular acupuncture; or revoke, suspend, limit, restrict, or take any other action regarding your license or certificate to practice acupuncture? If so, provide an explanation.
- Yes**  **No** Have you been convicted of a crime, including driving under the influence of drugs or alcohol, other than a minor traffic offense? If so, provide an explanation.  
**Note:** 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 must notify the regulatory board in writing within ten working days after the charge is filed.
- Yes**  **No** Have you had a claim for malpractice or a lawsuit filed against you alleging professional malpractice or negligence in the practice of auricular acupuncture? If so, provide an explanation.
- Yes**  **No** Do you have any condition that may impair your ability to practice auricular acupuncture safely and skillfully? If so, provide and explanation.
- Yes**  **No** Have you ever resigned, voluntarily or involuntarily, from a healthcare facility while under investigation or had a healthcare facility terminate, restrict, or take any other action regarding your employment, professional training, or privileges? If so, provide an explanation.

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**Clearly Print Or Type All Information**

Full Name: \_\_\_\_\_  
Certificate Number: AU- \_\_\_\_\_  
Name, license and telephone number of Supervising Licensed Acupuncturist: \_\_\_\_\_

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**Business Address:**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

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**Home Address**

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Designate which address will be your public address of record and which will be your Mailing address.**

Public Address of Record:

- Business/Clinic Address**  
 **Home Address**

Mailing Address:

- Business/Clinic Address**  
 **Home Address**

**With this application for certificate renewal, I submit the following signed statement under penalty of perjury that the facts in the application are accurate, true and complete.**

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Signature

Date

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.