

MARYLAND ACUPUNCTURE BOARD

4201 PATTERSON AVENUE
BALTIMORE, MD 21215
410-764-4766

**APPLICATION FOR REGISTRATION
AURICULAR DETOXIFICATION SPECIALIST (ADS)**

(A non-refundable fee of \$50 must be made payable (check or money order) to the Maryland State Board of Acupuncture)

AURICULAR DETOXIFICATION SPECIALIST INFORMATION

1. Name: _____

2. Social Security Number: _____

3. Date of Birth: _____

4. Residence Address: _____

5. Business Address: _____

6. Contact Phone Number: _____

7. ADS Email Address: _____

8. Maryland License/Certification Number and Expiration Date for one of the following Health occupations: _____

(Please attach copy of current license)

A) An **alcohol, substance abuse or chemical dependency counselor** who is:

- a) currently certified to practice as a certified professional counselor-alcohol and drug counselor
- b) certified to practice as a certified professional counselor-alcohol and drug
- c) certified associate counselor-alcohol and drug or supervised counselor-alcohol and drug
or
- d) licensed to practice clinical alcohol and drug counseling, or

B) A **licensed nurse**

C) A **licensed psychologist** who works directly with drug addicted clients of a chemical dependency program in the counseling or treatment of those clients, or

D) A **licensed certified social worker-clinical** who works directly with the alcohol or drug addicted clients of a chemical dependency program in the counseling or treatment of those clients.

TRAINING:

NOTE: Auricular Detoxification Specialist Registrants must attach documentation of successful completion of a training program in acupuncture for the treatment of alcoholism, substance abuse or chemical dependency that consists of a minimum 70 hour basic training of which 40 hours are clinical training.

Name of School: _____

Address: _____

Dates of Attendance: _____

SUPERVISOR INFORMATION:

1. Name of Supervising Acupuncturist: _____

2. Supervisor's Maryland License Number: _____

3. Supervisor's Telephone Number: _____

4. Supervisor's Email Address: _____

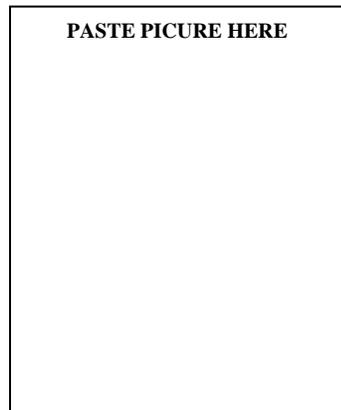
5. Supervisor's Signature: _____

RELEASE OF INFORMATION

**** (Must be signed in the presence of a Notary Public) ****

I hereby grant a release to the State of Maryland Board of Acupuncture to secure any information or document(s) needed to evaluate my application for certification.

(ADS Applicant Signature) (Date)



CURRENT PASSPORT PHOTO OF APPLICANT

**** (Must be signed in the presence of a Notary Public) ****

Year Picture Taken

I attest that this photograph is a genuine likeness taken in the year indicated.

(applicant's signature)

NOTARY PUBLIC

Sworn before me this ___ Day of _____, 20__.

(Notary - Name Printed)

(Notary - Signature)

NOTARY SEAL

My Commission Expires

COMPETENCY CHECKLIST:

According to COMAR 10.26.07D. (1) A supervisor must ensure that auricular detoxification specialists are sufficiently competent in the following areas. Please have your supervisor complete the following checklist to ensure your competency as required in regulation and return the form with your completed application:

1. Has completed at least 5 treatments during a 10-minute period with good point location and techniques;
2. Sufficiently understands the uses and limitations of the treatment;
3. Sufficiently understands the communal treatment effect and maintaining an appropriate atmosphere;
4. Demonstrates proper clean needle technique;
5. Sufficiently understands the limited scope of practice of auricular detoxification and other ethical principles;
6. Sufficiently understands the implications of the role of auricular acupuncture for addiction in the larger addiction treatment context;
7. Sufficiently demonstrates preparation of written chart notes regarding status, treatment given, and patient response;
8. Sufficiently understands the adjunctive nature of auricular acupuncture for addiction and the importance of collaboration and communication with the treatment team;
9. Sufficiently understands the psycho-spiritual nature of recovery and the ability to respect and support the client's individual beliefs and cognitive process;
10. Sufficiently demonstrates methods to modify treatment appropriately and to respond to adverse clinical situations should they occur; and
11. Sufficiently understands the addiction from the perspective of basic concepts of Chinese medicine.

Signature of Supervising Acupuncturist: _____

Signature of Auricular Detoxification Specialist: _____

Date: _____