

Maryland State Board of Acupuncture
4201 Patterson Avenue, Room 320
Baltimore, MD 21215
(410) 764-4766 or Toll Free 800-530-2481

**MARYLAND AURICULAR DETOXIFICATION SPECIALIST
REINSTATEMENT FORM**

ADS REINSTATEMENT FEE: \$100.00

MAKE CHECK OR MONEY ORDER PAYABLE TO: Maryland Board of Acupuncture.

SECTION I – GENERAL INFORMATION - This section must be completed in full.

****If your name or address has changed since your last contact with the board, please indicate by noting new address and enclose proof of name change such as a court document or marriage certificate.**

A. Social Security Number: _____
(There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

B. Home Address: _____

Home Phone Number: _____

C. Work Address: _____

Work Phone Number: _____

Email address: _____

D. Other Health Occupation Licensure: (*Please attach a copy of your current health occupation licensure*)

Type: _____ **Expiration:** _____

E. Mailing Address: Which address do you wish to receive mail from the Board?
(Please check one) Business: Home:

Notice For Mailing List

The information collected on this application form is collected for the purposes of the Board's functions under Md. Health Occupations Code Annotated, Title 4. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by federal and State law. Under the Maryland Public Information Act, Md. State Gov't Code Ann. §10-617, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

SECTION II – CHARACTER - This section must be completed. (The following questions pertain to the period January 1, 2004 through December 31, 2006). **Since your last renewal:**

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1) Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice in your profession? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2a) Has any licensing or disciplinary board in any jurisdiction, or an entity of the Armed Services, denied your application for licensure, reinstatement or renewal; taken any action against your license, including but not limited to, reprimand, suspension, revocation, fine or non-judicial punishment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2b) Have you surrendered or allowed your license to lapse while under investigation by an licensing or disciplinary board in any jurisdiction or an entity of the Armed Services? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3) Have any complaints, investigations, or charges been brought against you or are currently pending, in any jurisdiction, by any licensing or disciplinary board or entity of the Armed Services? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4) Have you had a physical or mental illness that may presently affect or impair your ability to practice your profession? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5) Have you pled guilty, nolo contendere, been convicted, received probation before judgment or other diversionary disposition of any criminal act (excluding traffic violations)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6) Have you plead guilty, nolo contendere, been convicted of, received probation before judgment or other diversionary disposition for driving while intoxicated, or for a controlled dangerous substance offense? |

If you answered “yes” to any of the questions in Section V – Character, attach a detailed explanation on a separate sheet of paper for each occasion. Each attachment must have your name in print, signature and date.

Applicant Signature

Practice of auricular detoxification without proper certification is a violation of the Acupuncture Practice Act. I affirm that the contents of this document are true and correct to the best of my knowledge and belief. Failure to provide truthful answers may result in disciplinary action.

Applicant Signature _____ **Date** _____
ADS Certification # _____

Supervisor’s Signature _____ **Date** _____
Acupuncture License # U - _____

Please note:

An on-site visit with the auricular detoxification specialist must occur at least once annually before your next renewal.

An ADS must maintain a current address and telephone number with the Board.

An ADS must inform the Board immediately if there is a change in supervisor.