State of Arizona Acupuncture Board of Examiners 1740 W. Adams, Phoenix, Arizona 85007

(602) 364-0145 Fax (602) 542-3093

**Website: acupunctureboard.az.gov**

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| **AURICULAR ACUPUNCTURE**  **CERTIFICATE APPLICATION**  **A.R.S. § 32-3922** |

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| **Scope of certificate**  Practice of auricular acupuncture in the State of Arizona. | **Term**  One year. May be renewed. |

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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 Acupuncture Detoxification Specialist certificate allows the certificate holder to practice auricular acupuncture only under the supervision of an Arizona licensed acupuncturist. |
| **REQUIREMENTS FOR CERTIFICATION** |
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| 1. An applicant shall meet AND submit documentation of **ALL** the following requirements:    1. 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.    2. Successful completion of a Clean Needle Technique Course approved by the Board.    3. 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. A full set of fingerprints to be submitted to the FBI and AZ Department of Public Safety and $5.00 money  order made payable to the AZ Department of Public Safety |

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| **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**  **Fingerprinting fee:\*\* $5.00** |
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| **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.**  **\*\*The fingerprint processing fee must be paid by money order to the AZ Department of Public Safety** |

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| **ADMINISTRATIVE USE ONLY** |

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

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| **CLEARLY PRINT OR TYPE ALL INFORMATION** | |
| Last Name: First Name: Middle Name Other name(s) known by: | |
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| **Business Address**:  Clinic Name: Address: Street: City: State: Zip Code | |
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| **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 | |
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| **TELEPHONE NUMBERS**    **BUSINESS RESIDENTIAL OTHER** | **DATE OF BIRTH**  **/ / SOCIAL SECURITY NUMBER**  **- -** |
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| **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. | |
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| **YOU MUST ANSWER ALL OF THE FOLLOWING QUESTIONS:** | | | | | |
| * Y es ☐N o H ave you been perm itted 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 |
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| * Y es ☐N o H as any acupuncture licensing authority ofany other state,district,or territory ofthe 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? | | | | | |
| * Y es ☐N o D o you have any condition thatm ay im pair yourability to practice acupuncture safely and   skillfully? | | | | | |
| * Y es ☐N o H ave you everbeen convicted ofa crim e,other than a m inor traffic offense? Includepleas of guilty and no contest, conviction for driving under the influence of drugs or alcohol. | | | | | |
| * Y es ☐N o H as a claim for m alpractice ever been m ade againstyou orhas a law suitever been filed against   you, alleging professional malpractice or negligence in the practice of acupuncture? | | | | | |
| * Y es ☐N o H as any health care facility ever term inated,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? | | | | | |

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| **If you answered YES to any question, you must attach a letter of explanation, and documents or records t original (not photocopied) signature, stamp or seal of the official authorized to maintain the records or do you were convicted of a crime, include in your detailed written explanation the name of the jurisdiction, n 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. ☐ Y es ☐ N o H ave you passed a C lean N eedle Technique C ourse?   Course Name: Date Taken: Place Taken:  **Provide documentation of completion of the Clean Needle Technique Course**   1. ☐ Y es ☐ N o H ave you com pleted N A D A ora training program in acupuncture for the treatm ent   of alcoholism, substance abuse or chemical dependency?  Course Name: Date Taken: Place Taken:  **Provide documentation of completion of the NADA or other Training Program**   1. The name and license number of the Arizona licensed acupuncturist that will be your supervisor?   Name License Number |
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| **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 |

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| **Notary Section** |
| **IN THIS SPACE ATTACH** **PHOTOGRAPH**  **TAKEN WITHIN THE PAST YEAR** |

Revised 02/2024