

**State of Arizona Acupuncture Board of Examiners**  
**1400 West Washington, Suite 230, Phoenix, Arizona 85007**  
**(602) 542-3095 Fax (602) 542-3093**  
**Website: www.azacupunctureboard.us**

**AURICULAR ACUPUNCTURE  
 CERTIFICATE APPLICATION  
 A.R.S. § 32-3922 and R4-8-301**

<b><u>Scope of certificate</u></b> Practice of auricular acupuncture in the State of Arizona.	<b><u>Term</u></b> 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 or chemical dependency.

An auricular acupuncture certificate allows the certificate holder to practice auricular acupuncture only in a substance abuse or chemical dependency program approved by the board, this state or the federal government and only under the supervision of an Arizona licensed acupuncturist.

**REQUIREMENTS FOR CERTIFICATION**

1. An applicant shall meet **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. Completed Arizona Statement of Citizenship and Alien Status for State Public Benefits form.
  - d. 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.

**AURICULAR APPLICATION AND CERTIFICATE  
 FEE SCHEDULE**

<b>Application fee: (non-refundable)</b>	A.R.S. § 32-3927 (A) (2)	<b>\$75.00</b>
<b>Certificate fee:</b>	A.R.S. § 32-3927 (A) (8)	<b>\$75.00</b>

**Application Fee And Certificate Fee Must Be Included With Application**  
 Please make checks or money orders payable to the  
**Arizona Acupuncture Board of Examiners. DO NOT SEND CASH.**

**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: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Business Address:**

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Home Address:**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**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 auricular 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 auricular 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 auricular 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 lawsuit ever been filed against you, alleging professional malpractice or negligence in the practice of auricular 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 have original (not photocopied) signature, stamp or seal of the official authorized to maintain the records or documents.**

**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.**

**Please answer the following questions.**

1.  Yes  No Have you passed a Clean Needle Technique Course?  
Course Name: \_\_\_\_\_  
Date Taken: \_\_\_\_\_  
Place Taken: \_\_\_\_\_
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: \_\_\_\_\_
3. The name and license number of the Arizona licensed acupuncturist that will be your supervisor?
- \_\_\_\_\_
- | Name | License Number | Phone 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

**Notary Section**

**IN THIS SPACE ATTACH  
PHOTOGRAPH  
TAKEN WITHIN THE PAST YEAR**