State of Maine

BOARD OF COMPLEMENTARY HEALTH CARE PROVIDERS

Auricular Acupuncture Detoxification Specialist

Do not return the following informational pages with your application; it is for your information only

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8620 or Main Receptionist (207) 624-8603
TTY users call Maine relay 711
FAX (207) 624-8637
Web address: www.maine.gov/professionallicensing
Email: comphealth.lic@maine.gov

FAQ's

Have a question? Please visit our list of Frequently Asked Questions.

Can I come to Gardiner to drop off my application?

No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address 35 State House Station, Augusta, ME 04333.

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35 State House Station, Augusta ME 04333 Website: www.maine.gov/professionallicensing

APPLICATION INSTRUCTIONS

Auricular Acupuncture Detoxification Specialist

This is an abbreviated checklist and does not replace the requirements outlined in the Board of Complementary Health Care Providers Laws and Rules. Please review them carefully for more detailed and clarifying information.

□ **Completed Application**
Complete, sign the application and submit with the appropriate fees and documentation.

□ **Training**
Proof of completion of training in auricular acupuncture detoxification from the National Acupuncture Detoxification Association (NADA) or other auricular detoxification training. For non NADA approved training you must submit detailed information describing the training you completed, which will require Board approval

□ **Supervision**
Identify the licensed acupuncturist, whose license is in good stand who will provide you with general supervision while practicing auricular acupuncture detoxification (Ref. 32 MRS §12551, Section 4)

□ **Eligibility requirement: You must hold a valid, unrestricted Maine license in one of the following categories to apply for an Auricular Acupuncture Detoxification Specialist license:**
Certified Alcohol and Drug Counselor or licensed Alcohol and Drug Counselor;
Physician or Physician Assistant;
Osteopathic or Physician Assistant
Nurse or Nurse Practitioner;
Professional Counselor or Clinical Professional Counselor;
Psychologist;
Licensed Social Worker;
Conditional Licensed Social Worker;
Licensed Clinical Social Worker;
Licensed Master Social Worker, Conditional.

□ **Verification of licensure**

*** * A copy of your license is not considered a license verification * ***

If you hold or have held a professional license in another state or jurisdiction, you must submit evidence from the State of licensure in the form of a License Verification.

You must contact the State Licensing Board or Jurisdiction that you currently hold a valid license to obtain a license verification. At a minimum, the license verification must include:

- Initial date of issuance
- Expiration date
- Current status, i.e. active, inactive, lapsed, probation, restricted, suspended, or revoked.
- Indication of discipline-yes/no, a checkbox, (no) files attached, etc.—if the State requires a separate search, such as New York State, submit the page where your name would be listed if you had discipline, but do not submit all the search results (could be 20-30 pages).

SUPPORTING DOCUMENTS

The Board of Complementary Health Care Providers requires that all supporting documents and fees be submitted with the filing of your application. **Your application may be considered incomplete and will be returned if supporting documents and/or fees are omitted.** Documents that have been modified or altered in any way will not be accepted.

PROCESSING TIME

Your application has a greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Please visit our website at www.maine.gov/professionallicensing to monitor your application's progress in real time in lieu of calling our office on receipt or status progress of your application. If the status appears as "PENDING," this means that your application was received by this office and is pending or under review. Once reviewed, if your application is complete and complies with requirements, the license will be issued. The status online will show as "ACTIVE," If your application is incomplete, a letter will be sent to you by email.

IMPORTANT INFORMATION REGARDING YOUR LICENSE:

The Office no longer prints licenses. Your license will be sent to you at the email address you provide to us on your application. The license will arrive to your email box under this email address: **noreply@maine.gov**. The attachment with this email is your license where you may open it and print your license. A paper license will not be sent to you, your license is the document attached to the noreply@maine.gov email.

IMPORTANT TO RETAIN FOR FUTURE RENEWALS:

The noreply@maine.gov email with your license **will contain the password that is required to renew your license online when the time comes**. **Do not lose your password.** You may also update your contact information and email address on our website www.maine.gov/professionallicensing using your password. Please remember, that if you change your email address at any time, you must by law, update your email address online within 10 days of the change. Failing to maintain a current email will jeopardize any notices sent to you by this Office.

Approximately sixty (60) days prior to the expiration of your license a courtesy renewal reminder may be sent to you by email, which is the opening period you may begin to renew your license. Failure to receive a courtesy renewal reminder notice does not waive your responsibility to renew your license in a timely manner or to practice without a valid license in violation of laws.

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME *FIRST*	*MIDDLE INITIAL*	*LAST*	
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH *mm / dd / yyyy*		SOCIAL SECURITY NUMBER	
CONTACT ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ( )	FAX # ( )	E-MAIL (**Your license will be emailed)**	

BACKGROUND CHECK NOTICE: Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

Board of Complementary Health Care Providers

Auricular Acupuncture Detoxification Specialist

Required Fee: $201.00 (Non-Refundable)
(includes criminal records check fees)

Office Use Only:
(ADS) 1421 - $180.00
2619 - $21.00

Office Use Only:
Check #_____
Amount:_____
Cash #_____
Lic. #_____

PAYMENT OPTIONS:
Make checks payable to "Maine State Treasurer" - If you wish to pay by credit card, fill out the following:

NAME OF CARDHOLDER (please print) *FIRST* *MIDDLE INITIAL* *LAST*

MAILING ADDRESS OF CARDHOLDER (please print)

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS The following amount: $_____

☐ **I understand that fees are non-refundable**

Card number: Expiration Date *mm / yyyy*

SIGNATURE **DATE**

SECTION 1: ELIGIBILITY REQUIREMENT: You must hold a valid, unrestricted license in one of the following. Check applicable license and provide information requested below.

- ☐ Physician
- ☐ Nurse
- ☐ Psychologist
- ☐ Clinical professional counselor
- ☐ Conditional licensed social worker
- ☐ Licensed master social worker, conditional
- ☐ Licensed alcohol and drug counselor
- ☐ Physician assistant
- ☐ Nurse practitioner
- ☐ Professional counselor
- ☐ Licensed social worker
- ☐ Licensed clinical social worker
- ☐ Certified alcohol and drug counselor

License Number	Expiration	The license identified above is under no active discipline or license restriction—check box below to affirm
		☐

SECTION 2: TRAINING (Choose A or B)

A. NADA—You must provide evidence of course completion

Name of the National Acupuncture Detoxification Association Course	Date completed

B. Training by Another Source—You must submit evidence of the training completed including detailed course content information and the sponsor/organization providing the training.

Name of other (non-NADA) Auricular Acupuncture Detoxification Training	Date completed
Name of Organization/Sponsor	

Course Sponsor/Organization		
Contact Address		
City	State	Zip Code

SECTION 3:

SUPERVISION AS REQUIRED BY 32 M.R.S. §§12551, sub-§4(B) and 12552, sub-§2(B)

Name of Maine Licensed Acupuncturist	License Number	Expiration Date

SECTION 4: LICENSE VERIFICATION—to be completed if you hold of held a professional license in another jurisdiction.

If you do not hold or have not held a professional license, please check here ☐

Complete the following if you hold or held a professional license in another jurisdiction
Provide evidence of licensure. Accepted forms of evidence are:
1) A copy of the State's or Jurisdiction's primary source online verification services, or
2) report produced by the Licensing Board or Jurisdiction is acceptable.

DISCIPLINE: If discipline was imposed on any license, submit a copy of the Consent Agreement, Order or legal document from your State or Jurisdiction of licensure.

State or Jurisdiction	License Type	License Number	Date Issued	Expiration Date	Was Discipline Ever Imposed - Answer (Yes or No)

SECTION 6: APPLICANT'S CERTIFICATION AND SIGNATURE

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I understand that the Board of Complementary Health Care Providers will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that discipline may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Printed Name of Applicant	Title
Signature of Applicant	Date