

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
MARYLAND BOARD OF PHYSICIANS  
P.O. BOX 37217  
BALTIMORE, MD 21297  
410-764-4777; 800-492-6836  
[www.mbp.state.md.us](http://www.mbp.state.md.us)**

**APPLICATION FOR PHYSICIAN REGISTRATION TO PERFORM ACUPUNCTURE**

**Authority: Md. Code Ann., Health Occ. §14-506 and COMAR 10.32.15**

**INSTRUCTIONS**

1. Check to make sure that your Maryland license is active.
2. Complete Sections I, II, III and IV of the attached application.
3. Pay a registration fee of \$150.00. Make the check or money order payable to the Maryland Board of Physicians.
4. In the allotted space, paste securely a 2" x 2" front view, passport-quality photograph of your head and shoulders. Your legible signature must be across the top or bottom of the photograph.
5. Complete Part 1 of the Documentation of Medical Acupuncture Course of Study - MBP Form ACUP2 7/2003 and send it to each of the directors of the medical acupuncture courses of study you completed. The directors need to complete the form and send it and supplementary material (course descriptions, transcripts, etc.) directly to the Board. Any fees for these documents are the responsibility of the applicant.
6. Send application to:

**Maryland Board of Physicians  
P.O. Box 37217  
Baltimore, MD 21297**

**MARYLAND BOARD OF PHYSICIANS**

P.O. Box 37217  
Baltimore, Maryland 21297  
(410) 764-4777 (800) 492-6836  
TDD 1-800-735-2258

**APPLICATION FOR PHYSICIAN REGISTRATION  
TO PERFORM ACUPUNCTURE**

FOR BANK USE ONLY	
DATE:	____/____/200____
CHECK NUMBER:	_____
AMT PAID: \$	_____
NAME CODE:	_____
APPID:	49

NOTE: Complete this application only if you are a physician with an active Maryland medical license applying to the Maryland Board of Physicians for registration to perform acupuncture. Submit the completed application with a check for \$150.00 made payable to the Maryland Board of Physicians. If you are not a currently licensed physician and want to apply for acupuncture registration, you must contact the Maryland State Board of Acupuncture at (410) 764-4766.

**I. Background Information**

Md. medical license Number: \_\_\_\_\_

Last name: \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

**II. Method of Training in Acupuncture**

Method of training by which you are making application **(CHECK ONLY ONE)**

1. \_\_\_\_\_ Successful completion of at least 200 hours of training in a medical acupuncture program which has been approved for Category I CME credit by an institution accredited or recognized by the ACCME to conduct such courses. Please attach your graduation diploma or certificate of program completion to your application. All documentation submitted must either be in English, or be accompanied by certified translation into English.

or

2. \_\_\_\_\_ Successful completion of at least 200 hours of training or combinations of course work consisting of a medical acupuncture course of study. **Note:** Any sequence of study must be approved by the Board and must have been completed in the five (5) years prior to your application for registration to perform acupuncture

**Please attach proof of successful completion of each program, including by not limited to, a list of areas of study, course syllabus, transcript, course description, certificate of completion and/or examination scores. A documentation form is also required to be completed by your course director. All documentation submitted must be either in English or accompanied by a certified translation into English.**

**PLEASE COMPLETE REVERSE SIDE OF THIS FORM**

**Note on Certified Translations:** Translations must be prepared by a certified translator. Acceptable translators are: an employee of a professional translating company, a member of the American Translators Association or a Faculty Member of the modern languages or Linguistics Department of a United States college or university. Translations must be prepared on agency, college, or university letterhead, or bear the translator's certification seal translator must certify that the translation is true to the original document and that in the original document there were no erasures, additions, deletions, nor any peculiarities whatsoever. Translations must be accurate and literal. All information appearing on the document which is to be translated must also appear on the translation, including any preprinted information, such as the letterhead of a university, titles, etc. All stamps, seals, and logos must be translated if legible. If not legible, they must be indicated as illegible. All signatures must be indicated. All numerals must be translated unless they appear in the following format-- 0, 1, 2, 3, 4, 5, 6, 7, 8, 9. Numerals appearing in any other format must be accurately transcribed. Any other information on the document must be translated, unless it is a "symbol" incapable of translation, and if so, must be indicated as such.

Note: Translations prepared in foreign countries often have certifications on the translation. If information appears in a foreign language on the translation, it must also be translated according to the previously stated guidelines.

### III. Signature and Attestation

I, \_\_\_\_\_, attest that all statements and references made herein are complete and accurate to the best of my knowledge, and that I have read and am familiar with .the statute and regulations that govern the performance of acupuncture by physicians in the State of Maryland.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Name (signature)** **Date**

\_\_\_\_\_  
**Name (print)**

### IV. Consent to Release Information

I agree that any person may release to you any information necessary for the processing of my application to perform acupuncture in the State of Maryland

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Name (signature)** **Date**

\_\_\_\_\_  
**Name (print)**

**PASTE SECURELY A  
PASSPORT QUALITY PHOTOGRAPH  
HERE. (LEGIBLY SIGN TOP OR  
BOTTOM OF PHOTOGRAPH)**

**MARYLAND BOARD OF PHYSICIANS**

P. O. Box 2571  
Baltimore, Maryland 21215-0095

***APPLICATION FOR PHYSICIAN REGISTRATION FOR ACUPUNCTURE***

Documentation of Medical Acupuncture Course of Study

**Part 1 - Applicant, please complete this part of the form and send it to each of the directors of the medical acupuncture course of study that you completed.**

Name:

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Last name and generational indicator, if applicable First name Middle name

Address:

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Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Medical Acupuncture Course/Seminar/Workshop/Symposium Completed at: \_\_\_\_\_

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Name and Address of Organization/institution

Inclusive Dates of Attendance \_\_\_\_\_

**Part 2 - Director, please complete this part of the form, attach a copy of the transcript, course description and other materials describing the program and send these directly to the Maryland Board of Physicians at the above address. Please print the name of the applicant on each attachment.**

This is to verify that the applicant successfully completed the course/seminar/workshop/symposium at the institution named above during the inclusive dates cited by the applicant.

The applicant earned \_\_\_\_\_ credit/academic hours.

**Attached are copies of the list of areas of study, syllabus, transcript, course description and/or examination scores.**

**Attestation**

I attest that the above information on the applicant's medical acupuncture study is true, accurate, and complete.

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Signature Date

-----  
Name in Print Title

-----  
Address

-----  
Area code and Telephone number

**SEAL OF THE INSTITUTION/ORGANIZATION**