

# MARYLAND BOARD OF PHYSICIANS

P.O. Box 37217

Baltimore, Maryland 21297

Telephone: 410-764-4777 or 800-492-6836

[www.mbp.state.md.us](http://www.mbp.state.md.us)

## APPLICATION FOR PHYSICIAN REGISTRATION TO PERFORM ACUPUNCTURE

### INSTRUCTIONS

1. Check to make sure that your Maryland license is active.
2. Review Maryland statute and regulations that govern the performance of acupuncture by licensed physicians in the State of Maryland. Health Occupations Article, §14-504, Annotated Code of Maryland, and Code of Maryland Regulations (COMAR) 10.32.15 can be accessed via the Board's Website at [www.mbp.state.md.us](http://www.mbp.state.md.us).
3. Complete parts 1 through 4 of the attached application.
4. Pay a registration fee of \$150.00. Make the check or money order payable to the Maryland Board of Physicians.
5. In the allotted space on Page 2 of the application, paste securely a 2" x 2" front view, passport-quality, color photograph of your head and shoulders. Your legible signature must be across the top or bottom of the photograph.
6. Complete only Part 1 of the supplemental form Documentation of Medical Acupuncture Course of Study (MBP ACUP2) and send it to each of the directors of the medical acupuncture courses of study you completed. The directors must 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.
7. Send the application and payment to:

**Maryland Board of Physicians**

**P.O. Box 37217**

**Baltimore, MD 21297**

**The Maryland Board of Physicians supports the Americans with Disabilities Act (ADA) and will provide this material in an alternative format to facilitate effective communication with sensory impaired individuals (for example, Braille, large print, audio tape). If you need such accommodation, please notify the Board's ADA designee, Rhonda Anderson, at 410-764-5972 or 1-800-492-6836. For the hearing impaired, please contact the Maryland Relay Services TTY/Voice number at 1-800-735-2258. If you have a complaint concerning the Board's compliance with the ADA, please contact Ms. Anderson.**

**Reminder:** Maryland regulations contain provisions regarding advertising by physicians who are registered by the Board of Physicians to perform acupuncture. An advertisement may not represent that a physician registered to perform acupuncture by the Board of Physicians is a licensed acupuncturist unless the physician is also licensed by the State Acupuncture Board. *See COMAR 10.32.15.04.*

*Please keep a copy of your application.*

ACUPUNCTURE  
REGISTRATION  
09/2017

MARYLAND BOARD OF PHYSICIANS  
P.O. Box 37217 • Baltimore, MD 21297  
Telephone: 410-764-4777 or Toll Free: 800-492-6836

FOR BANK USE ONLY  
Date \_\_\_\_\_  
Check Number \_\_\_\_\_  
Amount Paid \$ \_\_\_\_\_  
Name Code \_\_\_\_\_  
App ID 49  
Fee: \$150.00

APPLICATION FOR PHYSICIAN REGISTRATION  
TO PERFORM ACUPUNCTURE

**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 or money order for \$150.00, made payable to the Maryland Board of Physicians, to: Maryland Board of Physicians, P.O. Box 37217, Baltimore, MD 21297. If you are not a currently licensed physician and want to apply for acupuncture licensure, you must contact the Maryland State Board of Acupuncture at 410-764-4766.

Part 1: Background Information

Maryland License Number: \_\_\_\_\_

Last name and generational indicator (Jr., Sr., II, III, etc.):  
  
First name and middle name:

Address:  
  
City State Zip Code \_\_\_\_\_

Telephone Numbers: Office: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Part 2: Method of Training in Acupuncture

Check only one of the following methods of training by which you are making application.

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. 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. *(See additional information on Page 2)*  
  
-- 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. (See additional information on Page 2)*

**Part 2: Method of Training in Acupuncture**

Attach proof of successful completion of each program, including but not limited to a list of areas of study, course syllabus, transcript, course description, certificate of completion, and/or examination scores. The documentation form ACUP2 also is required to be completed by your course director. All documentation submitted must be either in English or accompanied by a certified translation into English.

**Note about 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. The 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.

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

**Part 3: 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 (Health Occupations Article, §14-504, Annotated Code of Maryland) and regulations (Code of Maryland Regulations 10.32.15) that govern the performance of acupuncture by licensed physicians in the State of Maryland.

\_\_\_\_\_  
Name (signature)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Part 4: Consent to Release Information**

I, \_\_\_\_\_, agree that any person may release to the Maryland Board of Physicians any information necessary for the processing of my application to perform acupuncture in the State of Maryland.

\_\_\_\_\_  
Name (signature)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**APPLICANT:**

PASTE YOUR PASSPORT-  
QUALITY, COLOR  
PHOTO HERE

SIGN TOP OR BOTTOM  
OF PHOTO

COPIES OF PHOTOS OR  
GROUP PHOTOS ARE NOT  
ACCEPTABLE

**APPLICATION FOR PHYSICIAN REGISTRATION TO PERFORM ACUPUNCTURE**  
**Documentation of Medical Acupuncture Course of Study**

**Part 1**

**APPLICANT:** Please complete only Part 1 of this form and send it to each of the directors of the medical acupuncture course of study that you completed. The institution must return the completed form directly to the Board.

**Name:** \_\_\_\_\_  
Print last name and generational indicator (Jr., Sr., II, III, etc.)      First Name      Middle Name

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

**Date of Birth:**

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**Social Security Number:**

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**Medical Acupuncture Course / Seminar / Workshop / Symposium completed at the following organization / institution:**

\_\_\_\_\_  
Name and address of organization or institution

**Inclusive dates of attendance:** \_\_\_\_\_ to \_\_\_\_\_

**Part 2**

**DIRECTOR or OTHER AUTHORIZED OFFICIAL:** 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 examinations scores.**

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

\_\_\_\_\_  
Printed Name of Authorized Official

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Title of Authorized Official

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

SEAL  
OF  
INSTITUTION  
OR  
ORGANIZATION