

**DRY NEEDLING SPECIALIZED TASK APPLICATION  
FOR ALL PRACTICE SETTINGS LISTED IN THE EVALUATION AND TREATMENT PROTOCOL**

**Instructions:** The practice of dry needling is a specialized task that requires Board approval. *Before completing the application, the athletic trainer (AT) must have a license and an approved evaluation and treatment protocol on file with the Board with the supervising physician who will be supervising the AT performing dry needling. The applications consists of three sections.*

**Section 1— Screening Questions** — Complete the screening questions to determine if you meet the qualifications to perform dry needling.

**Section 2— Verification of Dry Needling Education and Training** — Athletic trainers (ATs) must provide proof of completion of at least 80 hours of continuing education instruction. At least 40 of those hours must be in the content areas approved by either the NATA, BOC, or the USAF. ATs must attach the appropriate documentation for each content area to this verification form.

**Section 3— Attestation of Hands-on Instruction and Competency** — The AT and a Licensed Healthcare Practitioner (LHP) must attest that the AT has completed at least 40 hours of practical hands-on instruction and technique of dry needling completed under the guidance of the LHP who is approved to perform dry needling and has practiced dry needling for at least 5 years. The LHP must also attest that the AT is competent to perform dry needling. The supervising physician is also required to attest to ongoing and immediately available supervision.

*The AT must complete and submit all three sections of the application with the required documentation and signatures for approval to perform dry needling.*

**SECTION 1**

**Screening Questions**

1. Have you completed at least 80 hours of instruction in a continuing education course approved by the following?      Yes      No  
If Yes, check all that apply.
- National Athletic Trainers' Association (NATA)
- Board of Certification for Athletic Trainers (BOC)
- United States Armed Forces (USAF)
2. Did at least 40 of the 80 hours of instruction include each of the following content areas?
- |                                                                                                                                       |     |    |
|---------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| A. Theory and application of dry needling.                                                                                            | Yes | No |
| B. Dry needling technique, including spine and extremities.                                                                           | Yes | No |
| C. Dry needling indications and contraindications.                                                                                    | Yes | No |
| D. Infection control, the Occupational Safety and Health Administration's Bloodborne Pathogen Protocol, and safe handling of needles. | Yes | No |
| E. Emergency preparedness and response procedures related to complications associated with dry needling.                              | Yes | No |
| F. Appropriate documentation of dry needling                                                                                          | Yes | No |
3. Have you completed at least 40 hours of practical hands-on instruction in the application and technique of dry needling completed under the guidance of a licensed healthcare practitioner who is approved to perform dry needling, and has practiced dry needling for at least 5 years?      Yes      No

If you answered “**No**” to any of the above questions, **DO NOT** complete the application until you have met all of the requirements to practice dry needling. Applicants who answered “**Yes**” to all questions must provide proof of completion of at least 80 hours of instruction in a continuing education course approved by NATA, the BOC or USAF.

\_\_\_\_\_  
Name of Athletic Trainer (Print Legibly)

\_\_\_\_\_  
License No.

\_\_\_\_\_  
Name of Supervising Physician (Print Legibly)

\_\_\_\_\_  
License No.

MARYLAND BOARD OF PHYSICIANS

P.O. BOX 2571

Baltimore, MD 21215

<https://www.mbp.state.md.us/>

**SECTION 2**

**ATHLETIC TRAINER DRY NEEDLING PROTOCOL  
Verification of Dry Needling Education and Training**

Athletic trainers (ATs) applying to perform dry needling must provide proof of completion of at least 80 hours of continuing education instruction. At least 40 hours of those hours must be approved by either the NATA, BOC, or the USAF and include each of the content areas listed below. ATs must attach documentation of successful completion of continuing education for each content area to this verification form.

<b>Content Area</b>	<b>CE Course Approved by: NATA, BOC, USAF</b>	<b>Number of CE hours</b>	<b>Date of coursework</b>
Theory and application of dry needling			
Dry needling technique, including spine and extremities			
Dry needling indications and contraindications			
Infection control, the Occupational Safety and Health Administration's Bloodborne Pathogen Protocol, and safe handling of needles			
Emergency preparedness and response procedures related to complications associated with dry needling to complications associated with dry needling			
Appropriate documentation of dry needling			
		<b>Total # of CE hours:</b>	

I attest under penalty of perjury that the statements and information contained in this document are true and correct.

\_\_\_\_\_  
Name of Athletic Trainer (Print Legibly)

\_\_\_\_\_  
License No.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**SECTION 3**

**ATHLETIC TRAINER DRY NEEDLING PROTOCOL  
Attestation of Hands-On Instruction and Competency**

Athletic trainers (ATs) applying to perform dry needling must provide proof of completion of at least 80 hours of continuing education instruction. At least 40 hours must be practical hands-on instruction in the application and technique of dry needling completed under the guidance of a licensed healthcare practitioner who is approved to perform dry needling and has practiced dry needling for at least 5 years.

**Athletic Trainer Attestation:**

I attest under penalty of perjury that I completed at least 40 hours of practical hands-on instruction in the application and technique of dry needling completed under the guidance of a licensed healthcare practitioner who is approved to perform dry needling and has practiced dry needling for at least 5 years.

\_\_\_\_\_  
Name of Athletic Trainer (Print Legibly)

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Licensed Healthcare Practitioner Attestation:**

I attest under penalty of perjury that:

- \_\_\_\_\_ completed practical hands-on instruction in the application and technique of dry needling under my guidance.  
Name of Athletic Trainer
- I have personally completed an assessment of the licensed athletic trainers competency to perform dry needling.
- I am a licensed healthcare practitioner who is approved to perform dry needling and has practiced dry needling for at least 5 years.

\_\_\_\_\_  
Name of Licensed Healthcare Practitioner (Print Legibly)

\_\_\_\_\_  
License Number

\_\_\_\_\_  
License Type

\_\_\_\_\_  
State

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Maryland Supervising Physician Attestation:**

I attest that I accept the responsibility to provide ongoing and immediately available supervision to \_\_\_\_\_  
Name of Athletic Trainer  
that is adequate to ensure the safety and welfare of a patient and is appropriate to the setting.

\_\_\_\_\_  
Name of Supervising Physician (Print Legibly)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date