



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
7 Eagle Square, Concord, NH 03301-4980  
Phone: 603-271-2152

**ACUPUNCTURE DETOXIFICATION SPECIALIST**  
**INITIAL CERTIFICATION APPLICATION**

**Incomplete applications will be returned.**

**YOU MUST ENCLOSE THE FOLLOWING:**

1. Certification Fee of \$110.00. Please submit a check or money order made payable to "Treasurer, State of NH" in the amount of \$110.00 with your application.
2. Certificate of completion of NADA (National Acupuncture Detoxification Association) training.
3. General supervision form signed by a Licensed Acupuncturist.
4. Completed and signed ethics pledge.

Print Name: \_\_\_\_\_

Other names you have been known by, and the reason for the name change:

\_\_\_\_\_

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

\_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Date of NADA or Other Board-Approved Training: \_\_\_\_\_

Primary Practice Location: \_\_\_\_\_

Any Additional Practice Locations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**Please circle “YES” or “NO” to the following questions and provide explanation for any YES answer:**

Have you had an acupuncture detoxification certificate, license, or other similar registration revoked, suspended, or limited in this or any other state or jurisdiction? YES or NO

If “YES” please explain: \_\_\_\_\_

\_\_\_\_\_

Have you had a professional license or certification in a field other than acupuncture detoxification revoked, suspended, or otherwise terminated on disciplinary grounds? YES or NO

If “YES” please explain: \_\_\_\_\_

\_\_\_\_\_

Have you had prior work or volunteer experience in substance abuse or addictions treatment or behavioral health treatment? YES or NO

If “YES” please explain: \_\_\_\_\_

\_\_\_\_\_

Have you successfully completed clean needle technique training as outlined in the NADA manual in effect on July 1, 2017? YES or NO

If “NO” please explain: \_\_\_\_\_

\_\_\_\_\_

Do you hold a current health care, recovery coach or peer counselor professional license, certificate or other similar credential? YES or NO

If “YES”, please provide the professional license, certificate or credential type, number, and state of issuance:

License/certification type: \_\_\_\_\_

License/certification number and state of issuance: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Please also provide a copy of a completed and signed ethics pledge and copy of training certificate with your application.**



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**ACUPUNCTURE DETOXIFICATION SPECIALIST CERTIFICATION APPLICATION**

**GENERAL SUPERVISION INFORMATION**

Name of Certified Acupuncture Detoxification Specialist: \_\_\_\_\_

Name of Licensed Acupuncturist: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Current NH Acupuncture License Number of Supervising Acupuncturist: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Are you familiar with the NADA Acupuncture Detoxification Specialist Training Manual, effective July 1, 2017, prior NADA training that meets or exceeds the 2017 training, or other Board approved training?  
Please circle: YES or NO

If "NO", please explain: \_\_\_\_\_

\_\_\_\_\_

By signing this form, you agree to the following:

Supervising acupuncturists shall maintain a current New Hampshire acupuncture license in good standing. General supervision includes being available by phone or other electronic means during business hours with at least two site visits per year. After each site visit, the supervisor shall complete and submit a written report to the Board containing:

- (a) Conditions of the site including verification of adequate site sanitation, and verification of proper needle storage and disposal;
- (b) Verification of adequate patient documentation as required by the NADA training manual in effect on July 1, 2017;
- (c) Name of ADS being supervised, supervision site location address, date and time of the supervisory visit, and name of supervising acupuncturist;
- (d) Estimate of how many clients the ADS sees each day;
- (e) If the supervising acupuncturist has reason to believe the ADS is not following the NADA protocol as described in the NADA Acupuncture Detoxification Specialist Training Manual 5<sup>th</sup> Edition © NADA 2017, an explanation of the circumstances giving rise to that belief;



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- (f) If the supervisor has reason to believe the ADS is not following the ADS standards of competency as described in the NADA Acupuncture Detoxification Specialist Training Manual 5<sup>th</sup> Edition © NADA 2017, an explanation of the circumstances giving rise to that belief;
- (g) If the supervisor has reason to believe the ADS is not following the ADS Ethics Pledge as described in the NADA Acupuncture Detoxification Specialist Training Manual 5<sup>th</sup> Edition © NADA 2017, or an equivalent ethics pledge issued by other board-approved training programs, an explanation of the circumstances giving rise to that belief;
- (h) If the supervising acupuncturist has reason to believe that the level of supervision being provided is not appropriate and needs to be modified, an explanation of the circumstances giving rise to that belief; and
- (i) If the supervising acupuncturist has reason to believe the actions of the ADS constitute misconduct as specified in 703.01, an explanation of the circumstances giving rise to that belief.

“I hereby certify that I have read and understand the laws (RSA 328-G) and Administrative Rules (Acp Chapters 100 - 700) relative to acupuncture licensing and acupuncture detoxification specialists. By signing this application I agree to adhere to the laws and rules as set by the Board. I am aware that the NH Board of Acupuncture Licensing has authority to proceed with disciplinary proceedings against my license for any violation of the RSA 328-G or the Board’s Administrative Rules.”

Signature of supervising licensed acupuncturist: \_\_\_\_\_  
Date: \_\_\_\_\_