

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
BOARD OF ACUPUNCTURE LICENSING
121 South Fruit Street
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DAVID GROSSO
Executive Director

LINDSEY COURTNEY
Division Director



**ACUPUNCTURE DETOXIFICATION SPECIALIST CHANGE OF SUPERVISING
ACUPUNCTURIST APPLICATION**

Incomplete applications will be returned

Name of ADS to be supervised: _____

Name of Licensed Acupuncturist assuming supervision duties:

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Current NH Acupuncture License Number: _____ Expiration date: _____

Date the supervisor change is in effect: _____

Have you obtained NADA training or other Board approved training that meets or exceeds NADA 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 2 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 5th Edition © NADA 2017, an explanation of the circumstances giving rise to that belief;
- (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 5th 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 5th 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: _____

Date: _____