

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
BOARD OF ACUPUNCTURE LICENSING
121 South Fruit Street
Concord, N.H. 03301-2412
Telephone 603-271-3608 · Fax 603-271-3950

DAVID GROSSO
Executive Director

LINDSEY COURTNEY
Division Director



ACUPUNCTURE DETOXIFICATION SPECIALIST 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. Pages 3 and 4 completed and 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 Training: _____

Primary Practice Location: _____

Any Additional Practice Locations: _____

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 "YES" 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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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: _____ 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 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 (Acupuncture 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: _____