

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

PETER DANLES  
Executive Director

SHERI WALSH  
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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**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: \_\_\_\_\_ 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 5<sup>th</sup> 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 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 (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: \_\_\_\_\_

**OPTIONAL INFORMATIONAL QUESTION  
REGARDING MILITARY EXPERIENCE AND/OR RELATIONSHIP  
TO MILITARY PERSONNEL TRANSFERRED TO NEW HAMPSHIRE**

Dear Applicant,

Pursuant to New Hampshire RSA 332-G:7, each board supported by the New Hampshire Office of Professional Licensure and Certification (OPLC) shall:

1. "upon presentation of satisfactory evidence with an application for licensure, certification, or registration, accept education, training, or service completed by an individual as a member of the armed forces, as defined in RSA 21:50, II, toward the qualifications required to receive the license, certificate, or registration in question."

***RSA 21:50, II - "Armed forces" means the United States Army, Army Reserve, Navy, Naval Reserve, Marine Corps, Marine Corps Reserve, Air Force, Air Force Reserve, Coast Guard, Coast Guard Reserve, Army National Guard, and the Air National Guard. "Armed forces" also includes other components, but is limited to those components and active duty periods described in 38 C.F.R. 3.7.***

**OR**

2. "Notwithstanding any general or special law to the contrary, each of the boards or commissions under this title authorized to conduct licensure, certification, or registration, and examinations therefor, shall upon the presentation of satisfactory evidence by an applicant before the board or commission, facilitate the issuance of a license or certification for a person: (i) who is certified or licensed in a state other than New Hampshire; (ii) whose spouse is a member of the armed forces in the United States; (iii) whose spouse is the subject of a military transfer to New Hampshire; and (iv) who left employment to accompany a spouse to New Hampshire. The procedure shall include, but not be limited to, facilitating the issuance of a license, certificate, or registration if, in the opinion of the board or commission, the requirements for licensure, certification, or registration of such other state are substantially equivalent to the requirements for licensure, certification, or registration in New Hampshire."

**Please place a check mark in all that apply below:**

- I **am** eligible for consideration as defined in paragraph #1 above.
- I **am not** eligible for consideration as defined in paragraph #1 above.
- I **am** eligible for consideration as defined in paragraph #2 above.
- I **am not** eligible for consideration as defined in paragraph #2 above