

SUPPLEMENT INSTRUCTIONS

The following instructions will help you answer Questions 1-19. If you answer “yes” to any of these questions, you must also fill out the supplemental pages. Read these instructions and the supplemental pages carefully. Your application may be delayed if you fail to provide all the information requested.

This portion of the application is not a public record, and is held as confidential information unless you expressly authorize the COA to release it to a particular party. Under the law, the COA may also share this information with legally designated agencies, such as other state licensing authorities and law enforcement agencies. Designated agencies are required to maintain the confidentiality of this information consistent with the law.

1, 8-A and 8-B. Disciplinary action: You must answer "yes" if there is an action pending against you, as well as if an action has already been taken. "Disciplinary action" includes, but is not limited to, the following or their substantial equivalents: revocation, suspension, censure, reprimand, restriction, non-renewal or denial of privileges, resignation, fine, required performance of public service, leave of absence, withdrawal of an application, termination of a contract, or required course of education, training, counseling or monitoring, whether voluntary or involuntary. A resignation includes a voluntary leave of absence or a voluntary restriction on the scope of your practice. It also includes a dissolution of or disassociation from a professional corporation, partnership or professional practice group.

A dissolution of or disassociation from a professional corporation, partnership or professional practice group, a restriction, non-renewal, denial/restriction or a resignation must be reported only when it is related in any way to 1) the applicant's competence to practice acupuncture or any healing art, or 2) a complaint or allegation regarding any violation of law or regulation (including but not limited to the regulations of the COA) or hospital, health care facility or professional association by-laws, whether or not the complaint or allegation specifically cites violation of a specific law, regulation or by-law. A "required course of education or training" is a "disciplinary action" if it arose out of the filing of a complaint or any other formal charges reflecting upon the applicant's competence to practice acupuncture.

"Governmental authority" refers to any federal, state, county or municipal governmental authority, including but not limited to: any Acupuncture licensing authority (including Massachusetts), any agency regulating health care quality, any medical assistance authority, and any regulatory authority investigating insurance fraud.

"Health care facility" refers to any hospital (including state, county and municipal hospitals), clinic, prison infirmary, home for unwed mothers, nursing home or health maintenance organization.

"Group practice" refers to any association of health care professionals organized for the delivery of patient care of which you are a member or partner or by which you are employed or with which you have a contract for professional services, including a partnership or limited liability partnership, limited liability company, professional corporation or other professional business organization.

2. College and training program leaves and withdrawals: You must report **all** leaves of absence, withdrawals from college or any training programs, and failures to complete and requirements to repeat years of any training, regardless of the reason. Provide an explanation on the supplemental pages.

6-A. License application withdrawal or denial of license: You should answer "yes" if you withdrew your application after learning that your license application for acupuncture or any healing art probably would not be approved or would be approved only with conditions or restrictions. You do not need to answer “yes” if you withdrew your application solely because of a decision to relocate that was entirely unrelated to anticipated rejection of your application, or if you let your license lapse because you no longer practice acupuncture or any other healing art in that jurisdiction.

6-B. Voluntary surrender of license: You must report any surrender of an Acupuncture license or any other license to a licensing authority or other governmental agency. You do not need to answer “yes” to this question if you let your license lapse because you no longer practice acupuncture in that jurisdiction.

8-A and 8-B. See 1 above. 9-A and 9-B. Hospital or health care facility affiliation: You must answer these questions about your affiliation or status at any hospital or health care facility at which you have ever had membership or privileges. You do not need to include information about your tenure at health care facilities as an acupuncture student.

10. Criminal proceedings: Being “charged with a criminal offense” includes being arrested, arraigned or indicted, even if the charges against you were dropped, filed, dismissed or otherwise discharged. You must also report: convictions for felonies and misdemeanors; *nolo contendere* pleas; matters where sufficient facts of guilt were found; matters that were continued without a finding even if they were ultimately dismissed; and any other plea bargain. A medical malpractice claim is a civil, not a criminal, matter. A charge of Driving Under the Influence is not a “minor traffic offense” and should be reported.

12, 13 and 14. Medicare, Medicaid and third party payors: If you have been restricted from participation in a state or federally funded health care plan or third party plan or if your membership has been terminated, you must answer “yes.”

15-A. Malpractice claims: You must report all malpractice claims, whether or not they resulted in lawsuits and whether they are pending or have been resolved. You must answer “yes” even if you were named in a case or claim and subsequently dropped from it or the case or claim was dismissed with no finding against you or payment made on your behalf. You must report all cases or claims filed or heard in any state.

15-B. Non-malpractice lawsuits: You must report certain lawsuits filed against you even if they do not allege malpractice. Examples include, but are not limited to, lawsuits filed under consumer protection, antitrust, civil rights, fraud, or intentional tort (e.g. libel, interference with contractual relations) laws. You must report only those suits relating to your competency to practice acupuncture or any healing art, or your professional conduct in the practice of acupuncture.

16-A and 16-B. Medical condition: “Medical condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, hearing and memory impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cerebrovascular disease, cognitive disorders, cancer, heart disease, diabetes, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

“Ability to practice acupuncture” is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses, exercise reasoned medical judgments and learn and keep abreast of medical developments; and
2. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform medical tasks such as physical examination and procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

“Currently” does not mean on the day of, or even the weeks or months preceding the completion of this application. It means recently enough to have an impact on one’s functioning as a licensee, or within the past two years.

17. Use of Chemical Substances: “Chemical substances” is to be construed to include alcohol, drugs or medications, including those drugs or medications (controlled substances) taken pursuant to a valid prescription for legitimate medical purposes and in accordance with directions, as well as those used illegally. Illegal use of controlled substances includes use of illegal substances (for example, heroin or cocaine) as well as the use of substances in an illegal manner (for example, use of prescription drugs which are obtained without a valid prescription or taken not in accordance with the directions of a licensed health care practitioner).

18. Illegal use of drugs: See definitions above.

You have a right to elect not to answer the above question if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of the Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment privilege, you must do so in writing. Your full license application will be processed if you claim the privilege.

19. Voluntary modification of scope of practice: Describe any voluntary modification of or limitation to your scope of practice not covered by Questions 16-A and 16-B, and the reasons for it.

A Note to the Applicant who is Chemically Dependent

If you are chemically dependent, the Committee on Acupuncture encourages you to seek assistance voluntarily. When the Committee on Acupuncture receives notice of impairment or dependency, its policy is to protect the public but also to ensure rehabilitation through participation in approved treatment programs and supervised, structured aftercare. **PLEASE NOTE: If you answered “yes” to any of Questions 1-19, you must also fill out the supplemental pages.**

SUPPLEMENT FORM

PRINT NAME: _____ DATE: ____/____/____

IMPORTANT NOTE: If you answer “yes” to any of these questions, you must provide the additional information on pages 4-10.

<u>QUESTIONS</u>	<u>YES</u>	<u>NO</u>
1. Since your enrollment in college, have you been subject to any disciplinary action (see definition) at an academic institution?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been terminated or granted a leave of absence from college or have you ever withdrawn from college or had to repeat a year of college or required training?	<input type="checkbox"/>	<input type="checkbox"/>
3. Since your enrollment in college, have you been denied the privilege of taking or finishing an examination or been accused of cheating and/or improper conduct during an examination?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever applied for licensure or to sit for an examination or taken an examination under a different name? If so, list previous name(s) _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever failed any acupuncture examination or failed to gain certification by any certifying body or any foreign licensing body?	<input type="checkbox"/>	<input type="checkbox"/>
6-A. Have you ever, for any reason, been denied an acupuncture license or any other licensure in Massachusetts or in any other state, country or province for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
6-B. Have you ever voluntarily surrendered a license to practice acupuncture or any healing art?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever, withdrawn an application for acupuncture licensure, national certification as an acupuncturist or employment or appointment in a hospital or other health care faculty?	<input type="checkbox"/>	<input type="checkbox"/>
8-A. Have there been any formal disciplinary charges pending against you in the last ten (10) years by any acupuncture licensing authority, or do you have knowledge of any pending investigation into your professional competence or conduct by any governmental authority, health care facility, group practice or association (international, national, state or local)? (See definition for disciplinary action).	<input type="checkbox"/>	<input type="checkbox"/>
8-B. Has any disciplinary action ever been taken against you for violation of laws, rules, by-laws, or standards of practice by any governmental authority, healthcare facility, group or association (national, state or local)?	<input type="checkbox"/>	<input type="checkbox"/>

Applicant's Signature: _____ Date: ____/____/____

- | | | <u>YES</u> | <u>NO</u> |
|-------|---|--------------------------|--------------------------|
| 9-A. | Have you ever had employment or appointment in a hospital or other health care facility suspended, limited, revoked, not renewed or subject to probationary conditions or have you ever resigned from a health care facility in lieu of being subject to a disciplinary action? (See the definition of a disciplinary action in the Supplement Instructions). | <input type="checkbox"/> | <input type="checkbox"/> |
| 9-B. | Have you ever, for any reason, withdrawn an application for hospital privileges or appointment or affiliation with any health care facility? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Have you ever been charged with any criminal offense, other than a minor traffic offense? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Have you had a professional license in a field other than acupuncture that has been revoked, suspended or otherwise terminated on disciplinary grounds or are there any disciplinary actions currently pending against you in relation to any professional license you possess? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Has any professional liability insurance provider ever restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage or have you ever voluntarily restricted, limited or terminated your insurance coverage in response to any inquiry by a professional liability insurance provider? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Have you ever been the subject of any suspension or probation proceedings instituted by Blue Cross or Blue Shield, Medicare, Medicaid, or any other medical Reimbursement plan; or have you ever been restricted from receiving payments from any Blue Cross or Blue Shield, Medicare, Medicaid (any state), or third party programs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | Have you ever had an application for membership as a participating provider rejected by any HMO/PPO/IPA or other prepaid health care plan or your contract as a participating provider terminated by any HMO/PPO/IPA or other prepaid plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15-A. | In the past ten (10) years, has any medical malpractice claim been made against you, whether or not a lawsuit was filed in relation to the claim? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15-B. | In the past ten (10) years, has any lawsuit, other than a medical malpractice suit, which is related to your competency to practice acupuncture, or your professional conduct in the practice of acupuncture, been filed against you or has such a suit been settled, adjudicated or otherwise resolved? | <input type="checkbox"/> | <input type="checkbox"/> |

Applicant's Signature: _____ Date: ____/____/____

CONFIDENTIAL MEDICAL INFORMATION

Before completing the following questions, refer to the instructions for definitions and additional information. If answering “yes” to any of the questions, you must provide details on the supplemental pages for questions #16-A to 19. For purposes of the following questions, “currently” does not mean on the day of, or even the weeks or months preceding the completion of this application. It means recently enough to have an impact on one’s functioning as a licensee, or within the past two years of this application.

- | | | <u>YES</u> | <u>NO</u> |
|-------|---|--------------------------|--------------------------|
| 16-A. | Since becoming an acupuncture student, have you been diagnosed with or treated for a medical condition, which in any way currently limits or impairs your ability to practice acupuncture or to function as an acupuncturist? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16-B. | Do you currently have a medical condition, which in any way limits or impairs your ability to practice acupuncture or to function as an acupuncturist? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17-A. | Within the past two years, have you engaged in the use of chemical substances with the result that your ability to practice acupuncture is currently impaired or limited? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17-B. | Have you ever refused to submit to a test to determine whether you had consumed and/or were under the influence of chemical substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | Are you currently engaged in the illegal use of drugs or misuse of prescription drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | Within the past five years, have you voluntarily modified or otherwise limited your scope of practice of acupuncture for any reason other than a medical condition? | <input type="checkbox"/> | <input type="checkbox"/> |

If your responses to Questions 1-19 change while your application is pending, you must immediately notify the Committee on Acupuncture of the new information.

Pursuant to M.G.L. c. 62C, § 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed any Massachusetts state tax returns and paid any Massachusetts state taxes that are required under law. (Note: This applies even if you reside out of the state or out of the country.)

Pursuant to G.L.c. 62C, § 49A, to the best of my knowledge and belief, I am in compliance with G.L.c. 119A relating to withholding and remitting Child Support.

Pursuant to M.G.L. c. 119, § 51A, I certify under the penalties of perjury that I will fulfill my obligation to report abuse or neglect of children. I will read the Committee on Acupuncture’s regulations, 243 CMR 3.00 through 5.00. To the best of my knowledge, I meet the qualifications for a full acupuncture licensure in Massachusetts.

I certify under the penalties of perjury that all information on this form (front and back, and all attached pages) is true, to the best of my knowledge.

I authorize the Board of Registration in Medicine and the Committee on Acupuncture to access any and all criminal case information on me held by the Massachusetts Criminal History Systems Board.

Applicant’s Signature: _____ Date: ____/____/____

QUESTIONS #1, 8A, 8B – Disciplinary Actions: Attach additional pages with same format where more than one action was taken or is pending, and where otherwise necessary.

Name of agency or institution taking action: _____ Date: ____/____/____

Description: _____

You must arrange for the appropriate agency or institution to submit copies of all official documentation and correspondence related to the disciplinary action directly to the Committee on Acupuncture.

QUESTION #2 – College leave of absence, withdrawal or repeating required training.

Attach additional pages with same format where necessary.

Name of institution: _____ Date of action: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Dates of attendance: From: ____/____/____ To: ____/____/____

Description of events: _____

You must arrange for the appropriate agency or institution to submit all official documentation and correspondence regarding any termination, leave of absence, withdrawal, failure to complete or requirement to repeat directly to the Committee on Acupuncture.

QUESTION #4 & 5 – Examination failure; denial, improper conduct

Attach additional pages with same format where necessary.

Name of organization: _____ Name of exam: _____

Action: _____ Date of Action: ____/____/____

You must arrange for the appropriate agency or institution to submit all official documentation and correspondence regarding any examination, restriction or other examination abnormality directly to the Committee on Acupuncture.

Signature: _____ Date: ____/____/____

QUESTIONS #6A & 6B – License application withdrawal, denial or license surrender. Attach additional pages with same format where necessary.

Describe circumstances under which license application was withdrawn or denied, or license was voluntarily surrendered.

State: _____ Year: ____/____/____

You must arrange for the appropriate agency or institution to submit copies of all official documentation and correspondence regarding the withdrawal, denial or voluntary surrender directly to the Committee on Acupuncture. Such documentation must specify the reason(s) for denial of your license application, withdrawal or voluntary surrender of your license.

QUESTION #7 – Withdrawal of acupuncture license, certification or applications

Date of action: ____/____/____

Name of regulatory agency, health care facility or certification body:

Explain reason(s) withdrawal: _____

QUESTIONS #9-A&9-B – Hospital or health care facility affiliation

Attach additional pages with same format where necessary. Describe circumstances in detail.

Name of facility: _____ Date of action : ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Description _____

You must arrange for the appropriate agency or institution to submit copies of all official documentation and correspondence regarding any affirmative responses to Questions 9-A through 9-B directly to the Committee on Acupuncture.

Signature: _____

Date: ____/____/____

QUESTION #10 – Criminal proceedings. Attach additional pages with same format if more than one charge and where otherwise necessary.

Court: _____ Charge: _____ Date: ____/____/____

Please attach a detailed account of circumstances leading up to criminal proceedings.

You must arrange for your lawyer or the court officer to submit copies of the indictment, complaint and judgment or other disposition in any criminal proceedings in which you were a defendant directly to the Committee on Acupuncture.

QUESTION #11 – Revocation or suspension of license in any other Healing art.

Type of restriction: _____ Date: ____/____/____

Circumstances of Restriction: _____

You must arrange for the appropriate agency or institution to submit a copy of all official orders, findings of fact and correspondence related to any affirmative response directly to the Committee on Acupuncture.

QUESTIONS #12, 13 & 14 – Liability insurance and provider restrictions, denial, and revocation

Name of Organization: _____ Date of Action: ____/____/____

Action: _____

Explain reason(s) for action _____

Signature: _____ Date: ____/____/____

QUESTIONS #15-A & 15-B – Malpractice claims and other lawsuits

You must provide the following information on this form for each instance of alleged malpractice. You may photocopy this form and attach additional copies, if necessary. Please type or print. You must also complete the back of this form.

Claimant's name: _____ Date of incident: ___/___/___

Insurer's name: _____ Insurer's Address: _____

Description of claim (allegations only: this does not constitute an admission of fault or liability). See Table 5 attached. Basis codes must be completed.

Allegation: _____ Allegation: _____ Allegation: _____

REQUISITE DESCRIPTIVE INFORMATION:

1. Patient's condition at point of your involvement: _____

2. Patient's condition at end of treatment: _____

3. The nature and extent of your involvement with the patient: _____

4. Your degree of responsibility for the course of treatment leading to the claim: _____

5. If incident resulted in patient's death, indicate cause of death according to autopsy or patient chart:

Incident location (check one):

- Patient Room Hospital-Other Hospital-Unknown Private Office
- HMO Clinic Nursing Home Walk-in Center

Other: _____

Your role (check one):

Acupuncturist Other _____

Signature: _____

Date: ___/___/___

QUESTION #15A & 15B- Malpractice claims & other lawsuits, continued...

Legal representative's name: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

• **If a medical malpractice tribunal has heard your case, indicate the following:**

Finding for: You Plaintiff Date: ____/____/____

• If the Court has heard your case, indicate the following:

Decision determined by (check one): Judge Jury

Decision: _____ Award: _____

• If your case was appealed, indicate the following:

Date appeal was filed: ____/____/____ Date appeal was decided: ____/____/____

• If your case was settled, indicate the following:

Date of settlement: ____/____/____ Total settlement amount: \$ _____

Amount of settlement paid on your behalf: \$ _____

• Was the case dismissed against you? Yes No Against all defendants? Yes No

In addition to the information listed above, you must arrange for your lawyer or liability carrier to submit a copy of the following documents directly to the Committee on Acupuncture for the following malpractice cases:

Open case – a copy of the complaint naming the physician as a defendant.

Closed case – a copy of the complaint and final judgment, settlement and release or other final disposition of each claim, even if you were dismissed from the case by the court and/or if the case was closed with or without prejudice and the amount of monies paid on your behalf.

Dismissed case – If the case was dismissed before it was reviewed by a tribunal or court, the only documentation required is a letter from the liability carrier or the attorney stating the status of the case (which must include the claimant's name or at least his initials), and that no monies were paid on your behalf.

NOTE: Please be advised that the Committee on Acupuncture may request pertinent medical records or additional information.

Signature: _____ Date: ____/____/____

CONFIDENTIAL MEDICAL INFORMATION

QUESTION #16-A and 16-B – Medical condition

If you answered “yes” to Questions 16-A or 16-B, please set forth the specifics of your condition and any related treatment, including dates and diagnoses. In addition, set forth any adjustments or interventions you may have made or taken to ameliorate or address the impact of your medical condition on your current practice, including a change of specialty or field of practice, or participation in any supervised rehabilitation program, professional assistance or retraining program, or monitoring program. You must arrange for your physician to send directly to the Committee on Acupuncture an evaluation of your current medical status, noting diagnosis, prognosis, treatment plan, and impact of condition on ability to practice acupuncture. This evaluation must be performed no more than three (3) months prior to the date of your application. At a later date, you may be asked to submit additional information, including documentation of compliance with any monitoring program.

QUESTION #17-A – Use of chemical substances

If you have obtained medical treatment related to your use of chemical substances, set forth the specifics of your treatment, including dates and diagnoses. In addition, set forth any adjustments or interventions you may have made or taken to ameliorate or address the impact of your use of chemical substances on your current practice, including participation in any supervised rehabilitation program or monitoring program. You must arrange for your physician to send directly to the Committee on Acupuncture an evaluation of your current medical status, noting diagnosis, prognosis, treatment plan, and impact of condition on ability to practice medicine. This evaluation must be performed no more than thirty (30) days prior to the date of your application. You must also arrange for the appropriate institutions to submit all discharge summaries regarding any alcohol or drug dependency directly to the Committee on Acupuncture. At a later date, you may be asked to submit additional information, including documentation of compliance with any monitoring program.

Signature: _____

Date: ____/____/____

QUESTION #17-B – Refusal to take screening test

If you answered “yes” to Question #17-B, please set forth a description of the circumstances leading to the refusal to take the screening test and any resulting criminal or disciplinary consequences.

QUESTION #18 – Illegal use or misuse of drugs

List chemical substances:

Describe frequency of usage: _____

Please note that additional information may be requested.

QUESTION #19 – Voluntary modification of scope of practice

Describe circumstances leading to modification of practice:

Describe modification of practice: _____

Dates: From: ____/____/____ To: ____/____/____

Please note that additional information may be requested by the Committee on Acupuncture.

Signature: _____ Date: ____/____/____

TABLE 5: BASIS FOR ALLEGATION

ABUSE OF (PATIENTS, EMPLOYEE(S)/PEER(S)

Abuse of Employee(s) /Peer(s) - Physical

Abuse of Patient(s) - Physical

Sexual misconduct

Sexual misconduct - Verbal

ADMINISTRATIVE PROBLEMS

Academic research fraud

Billing for services not rendered

Billing fraud (not Medicaid/Medicare)

Breach of confidentiality

False or deceptive advertising

Inadequate documentation/patient records

Insurance balance billing (not Medicaid/Medicare)

Medicaid/Medicare

Medicaid/Medicare balance billing

SUPERVISION

Fully licensed acupuncturist

Other employee

DIAGNOSIS RELATED

Delay in diagnosis

Failure to Diagnose

Failure to perform diagnostic test(s)

Lack of informed consent

Misdiagnosis

Ordering/performing unnecessary diagnostic tests/procedures

BIOMEDICAL EQUIPMENT/PRODUCT RELATED

Malfunction

Misuse

TREATMENT RELATED

Abandonment of patient

Delay in treatment

Failure to make referrals appropriately

Failure to monitor patient

Failure to notify patient of test results

Failure to take adequate patient history

Failure to treat

Failure to use consultants appropriately

Improper choice of treatment

Lack of informed consent

MISCELLANEOUS

Improper utilization review

Improper Workmen's Compensation evaluation

Patient fall (in health care facility/office)

Performance of autopsy without permission

Unauthorized DNR order

Vicarious liability for acts of another provider

Violation of patient's civil rights

Wrongful death of patient