



Commonwealth of Massachusetts
 Board of Registration in Medicine
Committee on Acupuncture
 200 Harvard Mill Square Suite 330
 Wakefield, Massachusetts 01880

APPLICATION TO RETURN TO ACTIVE STATUS

Please Print Clearly or Type:

1. Name: (Last) _____ (First) _____ (M.I.) _____

2. Mailing Address: _____

3. City, State, Zip: _____

4. License Number: _____

5. Date of Birth: ____/____/____

6. A licensee is required to have completed 30 hours of Committee on Acupuncture (COA) approved CAE credit during the two year period preceding to the date of this application in order to return to active status

Please indicate the number of hours in each category:

Directly Related to Acupuncture _____ Not Directly Related to Acupuncture _____

(NOTE: You must have 15 hours in course directly related to acupuncture)

7. Chinese Herbal Therapy -- Do you use or do you plan to use Chinese Herbal therapy, including patent or raw herbs, in your Massachusetts acupuncture practice? Yes No

A licensee is required to submit proof of completion of 30 hours of Committee on Acupuncture (COA) approved CAE credit during the two year period preceding to the date of this application in order to return to active status.

Attached is proof of completion of 30 hours of COA approved CAE from ____/____/____ through the date this form is signed.

I REQUEST PERMISSION TO RETURN TO ACTIVE STATUS

Signature: _____

Date: _____