



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 Are you authorized by the Committee on Acupuncture (COA) to use Chinese Herbal therapy, including patent or raw herbs, in your Massachusetts acupuncture practice? Yes No

7. You must complete 30 hours of Continuing Acupuncture Education (CAE) in **Committee approved** courses of which 15 hours must be directly related and 15 hours may be indirectly related to acupuncture. If you are authorized by the COA to employ herbs in your practice, you must include 10 hours of continuing education directly related to Herbology, 15 hours directly related to acupuncture and 5 continuing education hours may be indirectly related to Acupuncture or Herbology

Number of CAE Hours Completed:

Directly Related to Acupuncture: ____ Not Directly Related to Acupuncture or Herbology: ____
 Directly related to Herbology ____

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 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: ____/____/____

Print Name: _____