

**WEST VIRGINIA BOARD OF ACUPUNCTURE  
179 SUMMERS STREET, SUITE 711  
CHARLESTON, WEST VIRGINIA 25301**

**APPLICATION FOR AURICULAR ACU-DETOX THERAPY CERTIFICATE**

> \_\_\_\_\_  
Name as you want it to appear on the certificate

> \_\_\_\_\_  
Please provide any and all names you have used.

Mailing Address:

> \_\_\_\_\_  
Street City County State Zip Code

> \_\_\_\_\_ M F \_\_\_\_\_  
Social Security Number Date of Birth (Circle one)

> \_\_\_\_\_  
Home telephone number Work telephone number

> \_\_\_\_\_  
Name of business where you work. If self-employed, give business license name.

> \_\_\_\_\_  
Mailing address, if different from your physical address.

> \_\_\_\_\_  
FAX number and email address, if applicable.

I swear that all of the information I have provided on this application is true and correct to the best of my knowledge.

> \_\_\_\_\_  
Signature of applicant Date

**It is required to provide a copy of any other professional licenses you may have and proof of completion of an auricular acu-detox training certificate.**

**The two-year certificate fee is \$60. Please make check payable to West Virginia Board of Acupuncture and mail it, with this completed form, to:**

**WV Board of Acupuncture  
179 Summers Street  
Suite 711  
Charleston, WV 25301**

**PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS**

1. Does the use of drugs and/or alcohol result in an impairment of your ability to practice this profession? Yes \_\_\_\_ No \_\_\_\_
2. Has any licensing or disciplinary board of any jurisdiction or any entity of the Armed Services denied your application for licensure or certification? Yes \_\_\_\_ No \_\_\_\_
3. Have you surrendered or allowed your license to lapse while under investigation by any licensing or disciplinary board of any jurisdiction or any entity of the Armed Services? Yes \_\_\_\_ No \_\_\_\_
4. Have any complaints, investigations, or charges been brought against you or are currently pending in any jurisdiction by any licensing or disciplinary board or entity of the Armed Services? Yes \_\_\_\_ No \_\_\_\_
5. Do you have a physical or mental illness that may presently affect or impair your ability to practice your profession? Yes \_\_\_\_ No \_\_\_\_
6. Have you pled guilty, nolo contendere, been convicted of, received probation before judgment or other diversionary disposition of any criminal act (excluding traffic violations)? Yes \_\_\_\_ No \_\_\_\_
7. Have you pled guilty, nolo contendere, been convicted of, received probation before judgment or other diversionary disposition for driving while intoxicated, or for a controlled dangerous substance offense? Yes \_\_\_\_ No \_\_\_\_

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**CHILD SUPPORT & TAX INFORMATION**

8. I have a child support obligation. Yes \_\_\_\_ No \_\_\_\_
9. I am current on my child support obligation. Yes \_\_\_\_ No \_\_\_\_
10. My child support obligation is less than 6 months in arrears at this time. Yes \_\_\_\_ No \_\_\_\_
11. I am the subject of a child support subpoena or warrant at this time. Yes \_\_\_\_ No \_\_\_\_
12. I am the subject of any unpaid WV workers unemployment compensation. Yes \_\_\_\_ No \_\_\_\_
13. I am the subject of any unpaid WV state tax obligation. Yes \_\_\_\_ No \_\_\_\_

**PLEASE NOTE: If you answered "Yes" to any of the above questions, you MUST furnish full details on a separate sheet of paper, which MUST be attached to this application.**