

FORM F
CHEMICAL DEPENDENCY PROGRAM AND SUPERVISOR INFORMATION
For Auricular Detoxification Technician Licensure

Name of Applicant: _____

360-6-.06(2) The practice of auricular detoxification therapy may take place only in a city, county, state, federal or private chemical dependency program approved by the Board and under the direct supervision of a licensed acupuncturist or a person licensed to practice medicine in the State of Georgia who is also authorized by the Board to practice acupuncture.

CHEMICAL DEPENDENCY PROGRAM INFORMATION

Name of Chemical Dependency Program: _____

Address: _____

City/ State: _____ Zip Code: _____

Circle the type of program:

City County State Federal Private

SUPERVISOR INFORMATION

Name of Supervisor: _____

Are you a: (please check one)

_____ **Licensed Physician** who has been granted acupuncture privileges by the Georgia Composite Medical Board?

What is your license number? _____ Expiration Date? _____

_____ **Licensed Acupuncturist?**

What is your license number? _____ Expiration Date? _____

Supervisor Signature: _____

Date: _____

Please mail the completed form to:

Georgia Composite Medical Board
2 MLK Jr. Drive SE, East Tower, 11th Floor
Atlanta, GA 30334