

GEORGIA COMPOSITE MEDICAL BOARD



2 Peachtree St., N.W., 36th Floor • Atlanta, Georgia 30303 • Tel: 404.656.3913 • Fax 404.656.9723
<http://www.medicalboard.georgia.gov> E-Mail: Medbd@dch.ga.gov

INITIAL APPLICATION FOR AURICULAR DETOXIFICATION TECHNICIAN LICENSURE

GENERAL INFORMATION

APPLICATIONS WILL NOT BE REVIEWED WITHOUT APPLICATION FEE

Application Fee: \$200.00; Make check/money order payable to: *Georgia Composite Medical Board.*

NOTE: WE WILL DISCUSS APPLICATION STATUS WITH THE APPLICANT ONLY. Applications are confidential pursuant to State law. Therefore, requests for application status updates must be obtained from the applicant. Please inform all hospitals, employers, recruiters, referral companies, family members, or insurance companies that requests for application status updates must be obtained from you.

FALSIFICATION/MISREPRESENTATION

Please be aware that falsification or misrepresentation of any item or response on this application or any attachment hereto is sufficient basis for denying or revoking a license.

Please read all application materials and instructions carefully. It takes approximately four (4) to six (6) weeks to obtain a license in Georgia. The application process is driven by the applicants submission of materials. Please visit the Frequently Asked Questions (FAQ's) on our website for additional information regarding the processing of your application. In order for an application to go before the Medical Board for approval, it must be received as completed **5 (five) business days** before the next monthly board meeting date. Completion of an application is when all primary source documentation, administrative screenings and final quality assurance have been conducted.

Applications are reviewed in date order of receipt. Submit all required documentation as soon as possible; however, without the application and fee, staff cannot begin the initial review of your application. It is recommended that applicants wait 15 business days, or until receipt of a deficiency letter, to contact the staff by phone regarding the status of their application. It is imperative for applicants to understand that the review process is guided by the requirements set forth in State law, which does not provide for any waivers to be granted by staff. **Auricular Detoxification Technician applications are valid for up to one-year only from date of receipt.**

EMPLOYMENT IN GEORGIA. It is strongly recommended that you DO NOT accept employment to practice in Georgia until your Georgia license number has been issued.

INTERNET DISCLOSURE OF PRACTITIONER'S

Georgia law requires the Georgia Composite Medical Board to provide, upon written or verbal request, an address for each licensed practitioner. Public-record information pertaining to licensed practitioner is available to the public through the Board's website at www.medicalboard.georgia.gov

The release of this information has highlighted the need for practitioners to carefully consider the address they provide to the Board as their address of record. THE PRACTICE LOCATION will be posted on the Internet and will be the address disclosed to all individuals making inquiries. The MAILING ADDRESS will be utilized to mail all licenses, renewal notices, and other official correspondence from the Board. Unless this address is the same as the PRACTICE LOCATION, it will not be disclosed to the public.

You may choose your home address or your office address to be your address of record. If you list a P.O. Box as your primary address, you must also provide a secondary street address that will remain confidential. Georgia law requires that the Board be kept informed of any changes of address. Changes should be submitted in writing to the above address, and should include the license number, name, old address and new address.

CONTACT INFORMATION:

Please contact 404-463-5038 for additional information on Auricular Detoxification Technician Licensure.

INITIAL APPLICATION FOR AURICULAR DETOXIFICATION TECHNICIAN LICENSURE
INSTRUCTIONS AND CHECKLIST

APPLICATIONS WILL NOT BE REVIEWED OR PROCESSED WITHOUT APPLICATION FEE

The CHECKLIST is intended to assist you with the filing of a complete application. Read all instructions on each page carefully and utilize the checklist as you are filling out the application. All items listed that apply to your situation must be submitted in order for your qualifications for licensure to be assessed. When submitting copies of documents, please ensure they **are 8-1/2 x11-inch copies** of the original. *Do not submit two-sided copies of the application or documentation.* **For quality and confidential purposes, facsimiles of application materials are not accepted. All application material must be original, unaltered, and official where required.**

- Applicant must be at least 21 years of age and of good moral character.
- Applicant must submit a completed application with the correct application fee. The check should be made payable to: Georgia Composite Medical Board.

FOR APPLICANTS WHO ARE NOT U.S. CITIZENS:

If you are not a U.S. citizen, you must submit documentation that will determine if you have a qualified alien status. **Only those applicants who can provide proof will be granted a license.** The Board participates in the **DHS-USCIS SAVE** (Systematic Alien Verification for Entitlements or "SAVE") program for the purpose of verifying citizenship and immigration status information of non-citizens.

In order to confirm your status with the SAVE program, you need to provide the board with **legible** copies of **one** of the following document(s):

1. Valid (not expired) foreign passport with I-94 or I-551
2. Temporary resident alien card (I-688)
3. Permanent resident alien card (I-551)
4. Employment Authorization Card (I-766) or (I-688A)
5. Employment Authorization Document (I-688B)
6. Refugee Travel Document (I-571)
7. Reentry Permit (I-327)
8. Certificate of Citizenship
9. Naturalization Certificate
10. Machine Readable Immigrant Visa (with Temporary I-551 Language)
11. Temporary I-551 Stamp (on passport of I-94)
12. I-94 (Arrival/Departure Record)
13. I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)
14. DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

Please be sure that copies of any submitted documents are legible. Use a good quality copier and increase the size of the copy if need be. If the following information is needed, it must be legible: Alien Number; Card Number; Document Expiration Date; SEVIS ID Number. One or all of these numbers or dates may be required when we submit your information to SAVE. If we cannot read what you have submitted, we will be unable to submit your information to the SAVE program, which will delay the consideration of your application.

FORM A - AFFIDAVIT OF APPLICANT

Read this form in its entirety and complete all areas. **A current passport photo is required to complete this form.** Do not submit photos from digital reproductions, magazine, yearbook, wedding, birthday, family outing, etc. Take this form to a notary public for witness of your signature. **THE APPLICANT'S SIGNATURE DATE and the NOTARY SIGNATURE DATE must match. No whiteouts or strikeouts are accepted.**

FORM B – CERTIFICATION OF EDUCATION/CERTIFICATE OF COMPLETION OF NADA TRAINING PROGRAM

Request your graduating school to submit the required information directly to the Board.

- FORM C – STATE VERIFICATION FORM**
Verification of licensure from any state where licensed (inactive/active). Please provide the Board with the name, address and telephone number of the state board where you are or were previously licensed to practice Auricular Detoxification.

- FORM D – EXPOSURE CONTROL AND INFECTIOUS DISEASE PREVENTION**
Read this form in its entirety and complete all areas. **Complete the form and have a notary sign and date the form. Mail the completed form to the Board**

- Applicant must provide proof of completion of a Clean Needle Technique Course and Practical Examination (CNT) approved by NADA.

- Applicant must submit three (3) acceptable references; one reference from a licensed United States physician either MD or DO in the jurisdiction where the applicant is practicing and who is familiar with the applicant's practice and two references from practicing acupuncturists familiar with the applicant's practice.
Note: ALL REFERENCES MUST BE ON LETTERHEAD

- FORM E – CERTIFICATION OF COMPLETION OF NATIONALLY RECOGNIZED TRAINING PROGRAM**
Applicant must complete Part 1 of this form and mail to the Auricular Detoxification Training Program where the applicant completed training.

- FORM F – CHEMICAL DEPENDENCY PROGRAM & SUPERVISOR INFORMATION**
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.

- FORM G - Proof of Coverage by Employer's Professional Liability Insurance**
A license for an Auricular Detoxification Technician (ADT) is limited to and only valid for the employer designated at time of licensure. **The ADT licensee shall be covered by the professional liability insurance of the licensee's employer.**

NOTE: The law specifically prohibits dividing or agreeing to divide a fee for acupuncture services with any person who refers a patient.