

**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  
ATTN: Auricular Detoxification  
2 Peachtree Street, NW – 36<sup>th</sup> Floor  
Atlanta, GA 30303