



STATE OF NEW MEXICO
 BOARD OF ACUPUNCTURE AND ORIENTAL MEDICINE
 2550 CERRILLOS ROAD, SANTA FE, NM 87505 • PO BOX 25101 SANTA FE, NM 87504
 505-476-4630 • (FAX) 505-476-4520
AcuOrMedBoard@state.nm.us • www.rld.state.nm.us/acupuncture

Application for Auricular Detoxification Specialist (ADS) Training Program

<p>This <i>Application for Auricular Detoxification Specialist (ADS) Training Program</i> may be used for an initial approval or for a renewal of an existing approved ADS training program in acupuncture and oriental medicine.</p>			
<p>This <i>ADS Application</i> must be completed, with all appropriate boxes (<input type="checkbox"/>) checked, and submitted to the address indicated in this application.</p>			
<input type="checkbox"/> \$100 Initial fee for processing and review by Board		<input type="checkbox"/> \$50 Renewal fee	
Name of ADS Training Program:		Phone Number:	
Address:	City:	State:	Zip Code:
Name of Program Director:			
Qualifications of Program Director:			
Name of certificate:	Matriculation date:	Completion date:	
General Program Requirements			
1	Is the training program recognized by NADA? (If yes, attach proof)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Did the ADS program result in the presentation of a certificate of completion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Total hours of the training program in auricular detoxification:		
4	Total didactic hours in the ADS training program:		
5	Total hours of supervised clinical experience using auricular detoxification:		
6	A clean needle technique examination is administered within the program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	The program listed above continues to provide at a minimum the curriculum required by the Board specified in 16.2.16.26 NMAC.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Affidavit from the ADS Training Program

- | | |
|--------------------------|---|
| <input type="checkbox"/> | I understand that the ADS training program must provide each person who successfully completes the approved program with a certificate of completion. |
| <input type="checkbox"/> | I understand that the auricular detoxification specialist training program registration must be renewed annually by July 31 of each year. |
| <input type="checkbox"/> | I understand that the auricular detoxification specialist training program must notify the board within the (10) working days if the program's address or phone number changes. |
| <input type="checkbox"/> | I understand that the Board may refuse to issue, or may suspend, or revoke an auricular detoxification specialist training program approval in accordance with the Uniform Licensing Act, 61-1-1 to 61-1-31 NMSA 1978, for reasons authorized in section 61-14A-17 NMSA 1978 of the act and clarified in 16.2.12 NMAC (Part 12 of the rules). |
| <input type="checkbox"/> | I have included a list of internship sites for ADS students with this application. |
| <input type="checkbox"/> | This application was completed by the academic dean/program director at the institute. |

I hereby certify that this ***Application for Auricular Detoxification Specialist (ADS) Training Program*** is a true and faithful affidavit containing no willful misrepresentations. I also understand that if I provide the New Mexico Board of Acupuncture and Oriental Medicine (BAOM) with false information or make a false statement on this *Application* or on any supporting document to this application, this ADS application may be denied or revoked.

Name of Program Director (Please Print)

Signature (sign in presence of Notary)

STATE OF (_____)

COUNTY OF (_____)

The foregoing instrument was acknowledged before me this ____ day of _____, 20 ____.

Notary Public

My Commission Expires: _____

