

## **ACUPUNCTURE APPLICATION FOR INACTIVE STATUS**

Committee on Acupuncture Regulations: 243 CMR 5.07(3)

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

License Registration Number: \_\_\_\_\_

Is your license current? ☐ Yes ☐ No

A licensee must make his/her request in writing to the Committee on Acupuncture and certify that he/she will not practice Acupuncture in Massachusetts. Please make such a request below:

I, \_\_\_\_\_ hereby request inactive status.  
(print name)

and certify that I will not practice Acupuncture in Massachusetts.

Signed: \_\_\_\_\_

Mailing  
Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip code)

**NOTE: Inactive licensees are required to renew their inactive license every renewal cycle. A licensee who is inactive is exempt from the continuing acupuncture education requirements set forth in 243 CMR 5.10 but subject to all other provisions of 243 CMR 4.00 and 5.00.**

**Please submit your active wallet size license with this form.**