

Commonwealth of Massachusetts
Board of Registration in Medicine
COMMITTEE ON ACPUNCTURE
200 Harvard Mill Square, Suite 330, Wakefield, MA 01880
Telephone (781) 876-8210
www.mass.gov/massmedboard

ACUPUNCTURE LICENSE VERIFICATION REQUEST

INSTRUCTIONS

Requests for review of complaint files must be accompanied by a waiver form provided by the Committee on Acupuncture (COA). *No other forms will be accepted.*

The attached Waiver Form must be completed as directed and signed by the acupuncturist requesting a License Verification (or Letter of Good Standing, which is the same).

The fee is \$10.00 per request. Please make your check or money order payable to the **Commonwealth of Massachusetts** and forward it to:

License Verification
Board of Registration in Medicine
COMMITTEE ON ACPUNCTURE
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880

License Verification requests will not be processed if the waiver form is substituted or incomplete, or if the \$10.00 processing fee is not included.

Please include a stamped envelope with the name and address of the recipient. If you wish to have the verification sent via overnight delivery, please include a prepaid **USPS** envelope. We cannot send the requests via UPS or FedEx.

Please allow at least three (3) weeks for processing of license verification requests.

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NOTICE TO THE APPLICANT

THIS REQUEST IS BEING RETURNED FOR THE FOLLOWING REASON(S):

- ☐ **The Board's Waiver Form is not included**
- ☐ **The \$10.00 fee has not been received and/or is incorrect**

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WAIVER FOR RELEASE OF INFORMATION

Completion of this waiver will authorize the release of information from the Committee on Acupuncture files to the entity listed below. This waiver form must be properly executed and no other waiver from is acceptable.

Information released pursuant to this waiver is based entirely on review of open and closed complaint files and does not include information in the license application or renewal application.

"I hereby authorize and direct the Committee on Acupuncture to release any and all information it may have in its possession or control, including but not limited to the substance of any complaints or communications it may have and the action or actions it may have taken in response, to the entity named below:"

Please type or print clearly.

Send License Verification to: _____

Street Address: _____

City, State, Zip Code: _____

Printed Name of Acupuncturist: _____

Business Address of Acupuncturist: _____

City, State, Zip Code: _____

Massachusetts Acupuncture License Number: _____

Signature of Acupuncturist: _____

(Signed under the penalties of perjury)

Date: _____

**THIS WAIVER SHALL REMAIN VALID FOR ONE (1) YEAR
FROM THE DATE OF EXECUTION.**