**Commonwealth of Massachusetts**

**Board of Registration in Medicine**

**Committee on Acupuncture**

**178 Albion Street, Suite 330, Wakefield, MA 01880**

**(781) 876-8210**

[**www.mass.gov/massmedboard**](http://www.mass.gov/massmedboard)

# Application to Retire from the Practice of Acupuncture

**Board Regulation 243 CMR 5.09(6)**

If you wish to have your status with the Board changed to retired, please complete this application and return it to the Board at the address above**.** Once your application is approved, a confirmation will be sent to you at the address below.

***To be completed by the licensee--please type or print.***

Name: License #:

Mailing Address:

Email Address:

**You must confirm your agreement to each statement below with a checkmark**:

I am not aware of any open or reasonably anticipated complaints to the Board against me.

I agree to make my patient records accessible in accordance with 243 CMR 5.09(2).[[1]](#footnote-1)

If not applicable, please state the reason below.

I agree that my retirement status will become effective on the date this application is approved, which may be prior to my expiration date.

Signed under the penalties of perjury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

*To be completed by Board Staff*

No open complaints  Board Approval Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Licensing Division Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. A retired licensee, his/her successor or his/her estate, must retain patient records for a minimum period of seven years, and must make them available to former patients and other individuals in accordance with 243 CMR 5.09(2). [↑](#footnote-ref-1)