State of Arizona Acupuncture Board of Examiners

1740 W. Adams, Phoenix, Arizona 85007 (602) 542-3095 FAX (602) 926-8104

Application for Approval as a Chemical Dependency Program Work Site for State Certified Auricular Acupuncturists

To be approved by the Board, a Chemical Dependency Program shall comply with the Substantive

Policy Statement on Board Approval of Alcoholism, Substance Abuse, or Chemical Dependency		
Programs Offering Auricular Acupuncture adopted by the Board March 27, 2019 which is available		
on the Board		
Please review the attached Substantive Policy Statement. If you have any questions please contact the Board by email at info@acupuncture.az.gov		
Chemical Dependency Program Name:		
Chemical Dependency 1 Togram Name.		
Website:		
Mailing Address, City, State, Zip Code:		
Program Director/Contact Person:		
Telephone Number(s):	Email:	
Primary location/facility where auricular acupuncture will be administered and proximity to the location of the treatment program		
Please provide the name and Contact in	formation of the Supervising Licensed	
Acupuncturist and all Certified Auricular Acupuncturists on the next page		
I declare under penalty of perjury, under the laws of the State of Arizona, that the information		
given above is true and correct and:		
chemical dependency;	se of treating alcoholism, substance abuse, or t auricular acupuncture is not a standalone cure	
· · · · · · · · · · · · · · · · · · ·	1 0,	
3. All auricular patients will be educated about treatment program options;		
Signature of Applicant	Date	
Signature of Applicant	Date	

CDP Acupuncturist and Auricular Acupuncturists		
CDP Name:		
[Name]	[Phone]	[Email]
Supervising Acupuncturist		
Auricular Acupuncturists		