



Maryland State Board of Acupuncture
4201 Patterson Avenue Third Floor Baltimore, MD 21215

Office: (410) 764-4766 **Fax:** (410) 431-3072

TTY/MD Relay: (800) 735-2258 or 711

Website: health.maryland.gov/bacc

Email: mdh.acupuncture@maryland.gov

LICENSE VERIFICATION REQUEST

A Licensee can request the Board provide an official signed and sealed document verifying the status of her/his license. This document will be sent to another licensing board or other relevant entity. The fee for this service is \$50 and must be paid by credit card using the online payment portal. To initiate the process please make the payment and submit this completed form to the Board by: 1) using the upload feature, 2) emailing it to mdh.acupuncture@maryland.gov, or faxing it to (410) 431-3072. **Requests are processed in 5 to 7 business days after the Board receives a completed form AND proof of payment.**

LICENSE # _____ LICENSE STATUS _____

LICENSEE NAME: _____

I authorize the Board to send my license status to the organization detailed below.

Signature _____ Date _____

SEND TO THE ATTENTION OF _____

ORGANIZATION NAME _____

ORGANIZATION ADDRESS _____

This section completed by Board staff only.

Date Received _____ Staff Initials _____ Date Processed _____ Staff Initials _____

Sent via ☐ Email ☐ Fax ☐ Mail