

Commonwealth of Massachusetts Board of Registration in Medicine  
**Committee on Acupuncture**  
200 Harvard Mill Square Suite 330  
Wakefield, Massachusetts 01880  
(781) 876-8210

**CHINESE HERBAL THERAPY PRACTICE**

Print Name: \_\_\_\_\_

1. Do you employ Chinese Herbal Therapy, including patent or raw herbs in your Massachusetts acupuncture practice? *check one:* Yes  No

**BASIC EDUCATION**

2. As of January 1, 2009 new applicants for an initial license must obtain Committee approval to employ herbal therapy, including patent or raw herbs, by submitting evidence of the following:
- a. completion of an ACAOM accredited or candidate status oriental medicine program with a minimum of 1,905 hours of clinical/didactic training, of which at least 660 hours were training hours in herbs and at least 210 of those were clinical hours in acupuncture and herbs; and
  - b. certification by NCCAOM in Chinese Herbology

3. If you were licensed in Massachusetts before January 1, 2009, please complete the following:

Date of first licensure in U.S. \_\_\_/\_\_\_/\_\_\_ Name of state: \_\_\_\_\_

Number of hours of training in herbology: \_\_\_\_\_

Number of Clinical hours in acupuncture and herbs: \_\_\_\_\_

4. **CONTINUING EDUCATION**

As of January 1, 2009, if you are **renewing** your certificate to practice herbal medicine, do you have 30 hours of continuing education; of which 15 hours are directly related to acupuncture and 10 hours are directly related to herbology?

*check one:* Yes  No

**NOTE:** You cannot begin to employ Herbal Therapy in your Massachusetts Acupuncture Practice until you receive notification from the COA that the documentation you have submitted is satisfactory and this form has been signed by the Chairman of the Committee on Acupuncture.

**THIS FORM MUST BE RETURNED WITH YOUR ACUPUNCTURE LICENSE APPLICATION**

I hereby certify under penalty of perjury under the laws of the Commonwealth of Massachusetts that all statements made on this Chinese Herbal Therapy Practice form are accurate. I also certify under penalty of perjury under the laws of the Commonwealth of Massachusetts that if the answer I have given above changes I shall notify, in writing, the Committee on Acupuncture (COA) within 30 days of the change.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

This will acknowledge that the Committee on Acupuncture has received proof of completion of the required Committee on Acupuncture (COA) approved herbal education and that you that you have fulfilled the herbal requirement pursuant to 243 CMR 5.03(2)(f) or 5.03(2)(g) or 5.03(2)(h), and you are allowed to use Chinese Herbs in your Massachusetts acupuncture practice.

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Chairman, Committee on Acupuncture