



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Medical Examiners**  
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P.O. Box 11289 • Columbia • SC • 29211  
Phone: 803-896-4500 • [Medboard@llr.sc.gov](mailto:Medboard@llr.sc.gov) • Fax: 803-896-4515  
[llr.sc.gov/med](http://llr.sc.gov/med)

## **APPLICATION FOR LICENSURE AS AN ARTICULAR DETOXIFICATION THERAPIST REQUIREMENTS AND INSTRUCTIONS**

To obtain an auricular detoxification therapist license in this State, an applicant shall comply with the following requirements as outlined in [S.C. Code § 40-47-735](#) of the Medical Practice Act.

### **TRAINING/ CERTIFICATIONS**

Applicants must submit proof of successful completion of a nationally recognized training program in auricular detoxification therapy for the treatment of chemical dependency detoxification and substance abuse. Applicants must also submit a certificate documenting successful completion of a nationally recognized clean needle technique course.

### **SUPERVISION**

Auricular therapy takes place under the direct supervision of a licensed acupuncturist or a person licensed to practice medicine. Applicants must submit an original signed [Supervisor Form](#) with your application.

### **VERIFICATION OF LEGAL NAME**

A license must be issued in the applicant's legal name as verified by a vital statistics birth certificate (not hospital birth certificate), valid driver's license, passport or other legal document acceptable to the board. Examples of acceptable legal name change documents include a marriage certificate, divorce decree or court order approving legal name change.

### **CRIMINAL BACKGROUND CHECK (CBC) PROCESS**

Applicants applying for an acupuncture license with the SC Board of Medical Examiners will be subject to a state and national fingerprint criminal background check. The fingerprint criminal background checks are required pursuant to [§ 40-47-36](#) of the South Carolina Code of Laws.

Instructions for the fingerprint process will be sent to the applicant after their application for licensure is received by the South Carolina Board of Medical Examiners. DO NOT have your fingerprints or CBC report processed until you have applied and received instructions from the board. Submittal of the fingerprints prior to application will cause an automatic rejection of the criminal background check and fingerprints will need to be submitted again to complete the application.

### **OUT-OF-STATE LICENSE VERIFICATION**

If you currently hold or have previously held a license, certification or registration for any medical profession, please list details below. You will need to contact each state board and have an official license verification sent directly to the Board via email: [Medboard@llr.sc.gov](mailto:Medboard@llr.sc.gov) or mail.

## **INTERVIEW AND TEMPORARY LICENSE**

When your application is completed, an interview is required with a member of the committee or a designated board member before a temporary license may be issued. At the next committee meeting the entire application will be considered, and if qualified, the committee may recommend to the board that a permanent license be issued. If the committee declines to recommend issuance of a permanent license, the committee may extend or withdraw the temporary license.

## **ADDITIONAL INFORMATION**

Treatment by an auricular detoxification therapist is strictly limited to the five ear-point treatment protocol for detoxification, substance abuse, or chemical dependency as stipulated by the National Acupuncture Detoxification Association (NADA).

Note: Your application is good for one (1) year from the date of receipt. If all required information is not received within this one (1) year period, you must begin the application process from the beginning. This includes, but is not limited to, the application fee, transcripts, examination scores, etc.

### **Documentation to include with your application:**

- \$100 fee made payable to the SC Board of Medical Examiners. Cash is not accepted. A returned check fee of up to \$30, or an amount specified by law, **may** be assessed on all returned funds.
- Copy of your valid Driver's License, State Issued ID, Passport or Military ID
- Copy of your social security card
- [Notarized Verification of Lawful Presence Form](#)
- 2 x 2 passport type photo
- **Verification of Legal Name:** A license must be issued in the applicant's legal name as verified by a vital statistics birth certificate (not hospital birth certificate), valid driver's license, passport or other legal document acceptable to the board. Examples of acceptable legal name change documents include a marriage certificate, divorce decree or court order approving legal name change.

### **Documentation submitted directly to the Board's office address above from the issuing agent via email: [Medboard@llr.sc.gov](mailto:Medboard@llr.sc.gov) or mail by license type:**

- License verification from each state medical board by which you are currently or have even been licensed
- Copy of your certificate in auricular detoxification therapy for the treatment of chemical dependency and substance abuse (NADA)
- Copy of your certificate documenting successful completion of a nationally recognized clean needle technique course.
- [Supervising Physician or Acupuncturist Form](#), completed



**SUPERVISING PHYSICIAN OR ACUPUNCTURIST FORM**

**I will be supervising:**

Therapist Name: \_\_\_\_\_

Type:  Auricular Therapist     Auricular Detoxification Therapist

**Supervising Physician or Acupuncturist Information:**

Name: \_\_\_\_\_ SC License Number: \_\_\_\_\_

Address/Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

1. List and attach copies of all acupuncture training.

| School | Course | Date Completed |
|--------|--------|----------------|
| _____  | _____  | _____          |
| _____  | _____  | _____          |

2. Describe below the nature of the working relationship for the auricular therapist or auricular detoxification therapist. (Attach additional pages if necessary)

3. Describe below the types of conditions for which acupuncture will take place. (Attach additional pages if necessary)

- I acknowledge and agree, if approved by the Board, that I shall be responsible for supervising the auricular therapist or directly supervising the auricular detoxification therapist named in this application. I further acknowledge that as the supervising physician or acupuncturist, I will be available to attend to any unexpected, adverse effects.
- I agree that should I become aware of any unethical, unprofessional or illegal acts or omissions on the part of the auricular therapist or auricular detoxification therapist, I shall immediately report such conduct in writing to the State Board of Medical Examiners of South Carolina.
- I have carefully read the above questions and answered them completely and I declare that all statements made by me herein and materials supplied herewith are true and correct. Further, if approved as the supervising physician or acupuncturist of this auricular therapist or auricular detoxification therapist, **I agree to keep the Board informed of any future changes in my address or working relationship with this auricular therapist or auricular detoxification therapist.**

\_\_\_\_\_  
Supervising Physician or Acupuncturist Signature

\_\_\_\_\_  
Date



STATE OF SOUTH CAROLINA  
DEPARTMENT OF LABOR, LICENSING AND REGULATION  
**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES**  
**AFFIDAVIT OF ELIGIBILITY**



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

**Section A: LAWFUL PRESENCE in the United States.**

The undersigned \_\_\_\_\_, of \_\_\_\_\_,  
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)  
 being first duly sworn deposes and states as follows:

**Check only one box:**

1. I am a United States citizen; or
2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. Other: \_\_\_\_\_ Please submit any documentation that supports this status.

Date of Birth: \_\_\_\_\_

Alien Number: \_\_\_\_\_ I-94 Number: \_\_\_\_\_

**(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)**

**Section B: ATTESTATION.**

**I understand** that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

**I understand** that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

**I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.**

\_\_\_\_\_  
Signature of Affiant

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Signature

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

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

### **CHECK box 1:**

If you are a United States Citizen by birth or naturalization

### **CHECK box 2:**

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **CHECK box 3:**

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **ACCEPTED IMMIGRATION DOCUMENTS:**

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)