Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

AFFIDAVIT OF ACTIVE ACUPUNTURE PRACTICE

APPLICANT: Complete this form and forward directly to DSPS at the above address. You may fax/email with facility cover sheet/letter to: (608) 251-3036 DSPSCredAcupuncturists@wisconsin.gov.

Wis. Admin. Code § SPS 70.02 (1) (a) "actively engaged in the certified practice of acupuncture" means using acupuncture, under the authorization of a license, certification, or registration to practice acupuncture, as the primary means of treatment of patients, not as an adjunctive therapy, and the treatment is dependent upon a thorough understanding and application of Oriental diagnostic theories and practices.

Last Name | **First Name** | **MI** | **Former / Maiden Name(s)**

☐ I have been "actively engaged in the certified practice of acupuncture" during the five (5) years immediately preceding the application in the following state(s):

☐ I have used acupuncture based on Oriental diagnostic and therapeutic theories and practices as the primary means of treating diseases and disorders in a minimum of 100 patients with a minimum of 500 patient visits during the 12 months immediately preceding the date of the application.

☐ I have performed general health care in at least 70% of all patient visits, and performed specialized health care such as Anesthetics, Cosmetic Treatments, Addiction Therapies, or Weight Control in no more than 30% of patient visits.

☐ I practice consistent with the standards identified in a clean needle technique course acceptable to the Department.

Applicant Signature | **Date** (__ __ / __ __ / _ _ _ _)