



# APPLICATION FOR EXAMINATION

## APPLICATION FEE: \$75.00

**NOTICE:** This information is requested under Sections 4938, 4941, and 4944 of the Business and Professions Code. All items of information are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information will be used to determine qualification for examination and licensure. The official responsible for information maintenance is the Executive Officer, 444 North 3<sup>rd</sup> Street, Suite 260, Sacramento, CA 95811, phone no. (916) 445-3021. Information may be transferred to other governmental agencies if required. Each individual has the right to review the files maintained on them by our agency, unless the records are identified as confidential and are exempted in Section 1798.40 of the Information Practices Act of the Civil Code.

(Please type or print neatly. When space provided is insufficient, attach additional sheets.)

1. Name:  <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; margin: 5px 0;"> <span style="width: 30%; text-align: center;">Last</span> <span style="width: 30%; text-align: center;">First</span> <span style="width: 30%; text-align: center;">Middle</span> </div>	
2. Other name(s) you have used or have been known by:  	
3. Address:  <div style="border-top: 1px solid black; margin: 5px 0;">           Number and Street / Rural Route (include apartment number, if any)         </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin: 5px 0;"> <span style="width: 30%;">City</span> <span style="width: 15%;">State</span> <span style="width: 20%;">Zip Code</span> <span style="width: 35%;">Country</span> </div>	
4. Telephone Number: (residence)  (    )	5. Social Security Number: (See disclosure statement below)  <div style="text-align: center;"> <span style="font-size: 2em;">—</span>    <span style="font-size: 2em;">—</span> </div>
<p>Disclosure of social security number (SSN) is mandatory. Section 30 of the Business and Professions Code and 42 USC section 405(c)(2) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination. <b>If you fail to disclose your SSN, your application for initial or renewal license will not be processed</b> AND you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you.</p> <p>The Acupuncture Board makes every effort to protect the personal information you provide us. The information you provide may be disclosed, however, as permitted in response to a Public Records Act request (California Government Code Section 6250 et seq.), as permitted by the Information Practices Act (California Civil Code Section 1798 et seq.), to another government agency as required by state or federal law, in response to a court or administrative order, a subpoena, or a search warrant.</p> <p>The Information Practices Act, California Civil Code Section 1798 et seq., provides you with the right to access a record of your personal information. You may contact the Acupuncture Board at 916-445-3021 for additional assistance.</p>	
6. Examination language preference:  <input type="checkbox"/> English <input type="checkbox"/> Korean <input type="checkbox"/> Chinese	
7. Have you ever applied for the California Acupuncture Licensing Examination?  <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please give the date (month & year) _____	

8. List **all** schools where you received your Oriental Medical Education and/or received transfer credit for coursework taken (list your most recent school first).

A. School of Graduation

*Dates of Attendance*  
From (Mo/Yr) - To (Mo/Yr)

\_\_\_\_\_

\_\_\_\_\_

B. Other Schools Attended (where transfer credit was awarded)

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**Transcript Requirements:**

A. *School of Graduation* -- One original transcript with signature and Registrar's official seal.

B. *Coursework for which transfer credit was awarded* -- One original transcript with signature and Registrar's official seal forwarded **directly from** the institution(s) where the coursework was originally taken.

9. **Foreign-Trained Applicants Only** - List the names, addresses and FAX numbers (if available) of foreign schools attended where you received your Oriental Medical education (list your most recent school first):

*Dates of Attendance*  
From (Mo/Yr) - To (Mo/Yr)

\_\_\_\_\_

\_\_\_\_\_

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**Document Requirements:** Original documents (i.e., diplomas/certificates, transcripts, etc.) must be submitted with this application-copies will not be accepted. All foreign language documents must be accompanied by an English translation certified by the translator as to the accuracy of such translation under penalty of perjury.

10. **Tutorial Applicants Only** - List the name and address of the supervising acupuncturist and dates of training:

Supervising Acupuncturist:

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

Address: \_\_\_\_\_

\_\_\_\_\_

Length of Program:

From: \_\_\_\_\_  
Month Day Year

To: \_\_\_\_\_  
Month Day Year

11. Have you ever been licensed/certified to practice acupuncture or oriental medicine in any state or country?  
 Yes  No If yes, list state or country, license number, date issued and dates of practice in issuing agency's jurisdiction for each.

<u>State or Country</u>	<u>License Number</u>	<u>Date of Issuance</u>	<u>Dates of Practice</u> <u>From (Mo/Yr) - To (Mo/Yr)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Have you ever been denied a license, permission to practice acupuncture or any other healing arts, or permission to take an examination in any state, country, or U.S. federal jurisdiction?  
 Yes  No If yes, please explain on a separate sheet of paper. Include state or country, date of denial and reason for denial.

13. Have you ever been charged with unprofessional conduct or any other unlawful activity by any healing arts licensing authority and are awaiting final disposition by that body?  
 Yes  No If yes, please explain in detail on a separate sheet of paper.

14. Has any disciplinary action ever been taken regarding any healing arts license which you now hold or ever held?  
 Yes  No If yes, please explain on a separate sheet of paper. Include the date, charge and disposition.

15. Have you ever voluntarily surrendered a license to practice any healing arts in another state?  
 Yes  No If yes, please explain on a separate sheet of paper.

16. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?  
 Yes  No If yes, please explain on a separate sheet of paper.

17. Have you ever been convicted of, or pled nolo contendere to any offense, misdemeanor or felony in any state, the United States, or a foreign country? **NOTE: You are required** to list any conviction that has been set aside and dismissed under Section 1203.4 Penal Code or under any other provision of law. *(You are not required to list minor traffic violations resulting in fines of \$75.00 or less.)*  
 Yes  No If yes, please explain on a separate sheet of paper and include dates, charge/violation, location and penalty or disposition.

18. Have you ever had an adverse judgment entered against you or entered into an adverse settlement as a result of medical malpractice litigation?  
 Yes  No If yes, please explain on a separate sheet of paper

19. Are you currently employed?  
 Yes  No If yes, please list your occupation, employer's name, address and telephone number \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

