

ACUPUNCTURE BOARD

444 North 3rd Street, Suite 260, Sacramento, CA 95811

Phone: (916) 445-3021 Fax: (916) 445-3015 www.acupuncture.ca.gov



Adopt Form as New

Continuing Education Provider Application

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**CONTINUING EDUCATION
 PROVIDER APPLICATION**

CE Provider No. _____

Type of Application
<input type="checkbox"/> New
<input type="checkbox"/> Renewal
<input type="checkbox"/> Address Change
<input type="checkbox"/> Provider Name Change
<input type="checkbox"/> Coordinator Change

[Please submit this form along with \$150 to the Acupuncture Board. The following must be typewritten or legibly handwritten and in English (C.C.R., Title 16, Division 13.7, Section 1399.481 (a))]

PROVIDER			
_____		_____	
Name of Individual or Organization		Web Address	
ADDRESS			
_____		_____	
Number and Street		City	State Zip
OWNERSHIP		CONTACT #	
_____		_____	
Name of Owner or President		Telephone #	
_____		_____	
E-mail address		Fax #	
CONTACT PERSON		CONTACT #	
_____		_____	
CE Coordinator		Telephone #	
_____		_____	
E-mail address		Fax #	

By signing below, I affirm, under penalty of perjury under the laws of the State of California, that I have read and will comply with the continuing education regulations, and that all statements contained in this application are true and correct.

Signature

Date

Printed Name

Title

For Acupuncture Board Use Only

Approved Renewal Date _____

Denied

Evaluator's initials _____

FOR BOARD USE ONLY
AMOUNT \$ _____
ATS ID # _____
RECEIPT # _____
CHECK # _____

Adopt Forms as New

**Request for
Continuing Education
(CE)
Course Approval Form**

CALIFORNIA ACUPUNCTURE BOARD
REQUEST FOR CONTINUING EDUCATION (CE) COURSE APPROVAL FORM
[Must be in English (C.C.R., Title 16, Division 13.7, Section 1399.484)] - **Please Print or Type**

Name of Provider _____ CE Provider No. _____

Address _____ E-Mail Address _____

Name of CE Contact _____ Phone _____ Fax _____

Course Title _____

Course Date(s) _____ Requested No. of CE Hours _____

Course Location _____

or

Distant or Home Study Course

Identify which category this course falls under: *Category 1* *Category 2*

Instructor(s) _____

Has the Acupuncture Board previously approved the above course with identical course content, number of CE hours and instructor(s) for your organization? Yes No If YES, please provide the date last approved _____

Will there be any publicity or advertisement for these courses? Yes No

If YES, submit a copy of the publicity/advertisement (with refund policy clearly stated) for the board's review.

Will you provide interpreters or bilingual instruction when necessary? Yes No

Is there any relationship, financial or otherwise, between the provider, individual speakers or moderators and any named brand products or services to be discussed? Yes No If YES, attach a detailed description of the relationship.

Do you administer a test at the completion of the course? Yes No If YES, attach the test criteria used.

By signing below, I affirm, under penalty of perjury, under the laws of the State of California, that I have read and will comply with the continuing education regulations and that all statements contained in this application are true and correct.

Signature _____ Date _____

Print Name _____ Title _____

For Acupuncture Board's Use Only

APPROVE **DENY**

New Course Request submitted within 45-day timeframe Yes No

Repeat Course Request submitted within 30-day timeframe Yes No

Course application complete Yes No

Authorized Signature

Date

INSTRUCTOR INFORMATION

[A separate 'Instructor Information' Sheet must be completed for each instructor]

Instructor's Name _____

Complete Section 'A' if the instructor is an acupuncturist; otherwise, go to Section 'B':

Section A:

Is the instructor a California licensed acupuncturist? Yes No

If Yes - License Number _____

If No, please identify License Number and Name of State _____

Is the acupuncturist authorized to act as a guest acupuncturist in accordance with Section 4949 of the Business and Professions Code? Yes No

Does the instructor have a current valid license pursuant to C.C.R. 1399.485? Yes No

Is the instructor knowledgeable, current and skillful in the subject matter of the course as evidenced through one of the following:

1. Possess a baccalaureate or higher degree from a college/university and provided written documentation of experience in the subject matter Yes No

Degrees Earned:

From [Name of the Educational Institution]

2. Documents experience in teaching similar subject matter content within the **five** years preceding the course Yes No

3. Documents experience of at least **two** years (within the last **five** years) in the specialized area in which he or she is teaching. Yes No

Section B:

If the instructor is a non-acupuncturist, does he or she meet all of the following requirements?

1. Is currently licensed or certified in his or her area of expertise, if appropriate Yes No

Title of License or Certificate

License Number and Name of State

2. Provided written evidence of specialized training, that may include, but not be limited to, a certificate of training or an advanced degree in a given subject area. Yes No

3. Provided evidence of at least **two years'** documented teaching experience within the last **five** years in the specialized area in which he or she teaches. Yes No

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Adopt Form as New

Active / Inactive License Application

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ACTIVE / INACTIVE LICENSE APPLICATION

(Please type or print clearly)

According to the Business and Professions Code Section 701, you must have a current and active license before you can place your license on an inactive status.

1. Name:	
Last	First
Middle	
2. Address:	
Number and Street / Rural Route (include apartment number, if any)	
City	State
Zip Code	Country
3. License Number:	4. Telephone Number:
	()
<input type="checkbox"/> I wish to place my license on Inactive Status	
<p>I understand that while my license is on inactive status, I may not practice acupuncture in the State of California. I also understand that while my license is on inactive status, I must still pay the required renewal fee but am exempt from completing continuing education as a condition of renewal. If I choose to place my license back on active status, I must document completion of at least 50 hours of board-approved continuing education within the past two years of being inactive, with at least 45 hours being completed in coursework approved as Category 1. If my license has been inactive for less than one (1) year, I must document completion of a minimum of 25 hours of board approved continuing education, with at least 22 hours of coursework approved as Category 1.</p>	
Signature	Date
<input type="checkbox"/> I wish to place my license on Active Status .	
<p>I am requesting that my license be placed back on active status. Attached are certificates of completion of continuing education courses I have completed from board approved providers during the last two (2) years.</p>	
Signature	Date