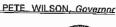


MEDICAL BOARD OF CALIFORNIA ACUPUNCTURE COMMITTEE

1424 Howe Avenue, Suite 37 Sacramento, CA 95825-3233 (916) 263-2680; FAX (916) 263-2654



eets.)

APPLICATION UPDATE

FOR EXAMINATION / LICENS

(Please type or print neatly. When space provided is insufficient, attack

_S_AGENCY

1.	Name:			
	Last	First		Middle
2.	Other name(s) you have used or have been known by:			
3.	Address:			
	Number and Street / Rural Route (include apartment m	umber		
	City State		Code	Country
4.	Telephone Number: (residence)	cial	Security Number:	(See disclosure statement below)
	()·			
auth orde a lice	losure of social security number (SSN) is mandatory. Section orize collection of your SSN. Your SSN will be used excl r for family support in accordance with section 11350.6 ensing or examination entity which utilizes a national e SSN, you will be reported to the Franchise Tax Boa	d Institutions C	reciprocal with the requ	lic Law 94-455 (42 USCA 405(c)(2)(C)) compliance with any judgment or of licensure or examination status by uesting state. If you fail to disclose
6.	Date last took California Acupuncture I	nation:		
7.	Examination language preference:			
	English 🗌 Korean Mandarin	n 🗌 Chine	se Cantonese	Other
	If "OTHER" indicate which langu		·	
	NOTE: If at least five percent (5%) for that language will be proved applicate will here applicant will here.	ations request same lan ave to take the examin	nguage indicated under "OT nation in one of the language	THER" then translations and translators es listed.
8.	Have you ever been dependence of permission to practice acupuncture or any other healing arts, or permission to take an examination country, or U.S. federal jurisdiction?			
	Yes INO If yes, plain on a separate sheet of p	aper. Include state	or country, date of deni	ial and reason for denial.
9.	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 s	heet of paper.		
10.	Has any disciplinary action ever been taken regarding an			
	Yes No If yes, please explain on a separate sheet of p	aper. Include the d	ate, charge and disposit	ion.

11.	Have you ever voluntarily surrendered a license to practice any healing arts in another state?				
	Yes INO If yes, please explain on a separate sheet of paper.				
12.	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 INO If yes, please explain on a separate sheet of paper.				
13.	Have you ever been convicted of, or pled nolo contendere to any offense, misdemeanor by state, the United States, or a foreign country? NOTE: You are required to list any conviction set aside and dismissed under Section 1203.4 Penal Code or under any other provision of law. (Constrained 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 tion and penalty or disposition.				
ļ4 .	Are you currently employed?				
	Yes No If yes, please list employer's name, address and telephone number				
15.	Will you require Special Accommodations for the examination?				
	□ Yes □ No If yes, please give brief explanation				
	NOTE: Applicant must sign this application in the press of tary Public. STATEME PPLICANT				
	I hereby certify under penalty of perjury under set of California that all statements made herein are true in every respect, and that misstatement cons of material facts may be cause for denial of this application, or for suspension or revocation				
	Date				
	FOR NOTARY PUBLIC:				
	State of				
	County of				
	On, personally appeared, personally appeared, personally appeared, personally appeared to me on				
	the basis of satisfy the person of the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that the ne/they executed the same in his/her/their authorized capacity(ies), and that by his/ her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.				
	WITNESS my hand and official seal.				
	(Seal)				
	Signature				
1					