



1625 North Market Blvd., Suite N-219
 Sacramento, CA 95834
 P 916.515.5200 F 916.928.2204
www.acupuncture.ca.gov



APPLICATION FOR EXAMINATION

APPLICANT INFORMATION							
1. Name		Last		First		Middle	
2. Other name(s) you have							
3. Address							
Street							
City		State		Zip Code			
Country							
4. Email			5. Phone Number				
6. SSN/ITIN			7. Birthdate				
8. Examination language choice		<input type="checkbox"/> English		<input type="checkbox"/> Chinese		<input type="checkbox"/> Korean	
9. Have you ever applied for the California Acupuncture Licensing Examination?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Have you ever taken the California Acupuncture Licensing Examination?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Have you ever been licensed/certified to practice acupuncture or any healing art profession in any jurisdiction? If yes , list state or country, license type, license number, date issued and dates of practice in issuing agency's jurisdiction for each below.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
State or Country		Type of License	License Number	Date of Issuance	Date of Practice From (MM/YY) – To (MM/YY)		
12. Have you ever been denied a license, permission to practice acupuncture, or any other healing arts profession, or permission to take an exam in any jurisdiction? If yes , please provide the state or country, date and reason of denial on a separate sheet of paper.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Are you currently serving in, or have you previously served in, the military? If yes , please explain in full on a separate sheet of paper if you want your application to be expedited.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Pursuant to Business and Professions Code Section 115.4, beginning July 1, 2024, the Board shall expedite the initial licensure process for an applicant who is an active-duty member of the US Armed Forces and enrolled in the US Department of Defense SkillBridge program. Do you request expediting of your application under this authority? If yes , you must attach documentation of enrollment to this application. Please contact the exam unit at AcuExamUnit@dca.ca.gov to obtain instruction on documentation to provide to be eligible for expedited processing in compliance with BPC §115.4.						<input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>15. Have you served as an active-duty member of the Armed Forces of the United States and been honorably discharged? If yes, please contact the exam unit at AcuExamUnit@dca.ca.gov to obtain instruction on documentation to provide to be eligible for expedited processing in compliance with BPC §115.4.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>16. Are you currently married or in a domestic partnership with an active-duty member of the Armed Forces of the US assigned to a duty station in this state under official active-duty military orders? If yes, please contact the exam unit at AcuExamUnit@dca.ca.gov to obtain instruction on documentation to provide to be eligible for expedited processing in compliance with BPC §115.5.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>17. Business and Professions Code section 135.4 provides for expedited processing, and may assist, the initial licensure process. If any of the following apply to you, and you request expedited processing of your application, mark yes:</p> <p style="margin-left: 20px;">A. You were admitted to the US as a refugee per Section 1157 of title 8 of the US Code;</p> <p style="margin-left: 20px;">B. You were granted asylum by the Secretary of Homeland Security or the US Attorney General per Section 1158 of the US Code; or,</p> <p style="margin-left: 20px;">C. You have a special immigrant visa and were granted a status per section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translator/interpreters or those who worked for or on behalf of the US government.</p> <p>If yes, attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

QUALIFICATION PATHWAY AND FEES – See guidance on page 4 for required documentation

<input type="checkbox"/> Board Approved Tutorial Program – \$250 Application Fee - Fill out all fields in question 18 Applicants who completed a Board Approved Tutorial Program which qualifies them for the exam
<input type="checkbox"/> Board Approved Acupuncture Program – \$250 Application Fee - Fill out all fields in question 19 Applicants who qualify for the exam based upon the completion of a Board approved training program (school)
<input type="checkbox"/> Foreign Trained Applicants – \$350 Application Fee - Fill out all fields in question 20 Applicants whose training and education was outside of the United States and have not subsequently completed a TCM program in the U.S.

18. TUTORIAL APPLICANTS

Program Completion Date (MM/YYYY)			
Tutorial Supervisor		Supervisor License Number	

19. BOARD APPROVED ACUPUNCTURE PROGRAM APPLICANTS

Acupuncture Program (school) Where Curriculum was Completed	From (MM/YY) - To (MM/YY)
List educational and training programs where transfer credit was awarded (starting with the most recent school first) and include your undergraduate program	
Program/School Name	From (MM/YY) - To (MM/YY)

20. FOREIGN-TRAINED APPLICANTS

Listing your most recent school first, provide the school(s) attended where you received your Chinese Medicine education.

Program/School Name	From (MM/YY) - To (MM/YY)

21. ATTESTATION

I hereby certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect, and that misstatements, or omissions of material facts may be cause for denial of this application, or for suspension or revocation of a license.

Signature _____ Date _____

FOR BOARD USE ONLY

AMOUNT \$ _____ DATE _____ RECEIPT # _____

COMPLETION INSTRUCTIONS AND ADVISEMENTS

Completion and submission of the application for the California Acupuncture Licensing Examination (CALE) to the California Acupuncture Board (Board) does not give the applicant a right or privilege to practice acupuncture. All answers are made under penalty of perjury. False information may result in denial or revocation of a license. Attach additional sheets if more space is required.

Adviselements:

The information in this application is requested under Sections 4938 and 4944 of the Business and Professions Code (BPC). Failure to provide any of the requested information may result in the application being rejected as incomplete. Information may be transferred to other governmental agencies if required. Each individual has the right to review the files maintained on them by the Board unless the records are identified as confidential and are exempted in Section 1798.40 of the Information Practices Act of the California Civil Code (CCC).

Section 30 of the BPC and Title 42 USC section 405(c)(2) authorize collection of your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). 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.

The Acupuncture Board makes every effort to protect the personal information received. However, the information provided on applications may be disclosed, as permitted, in response to a Public Records Act request (California Government Code Section 6250 et seq.), as permitted by the Information Practices Act (CCC 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.

The Information Practices Act, CCC Section 1798 et seq., provides individuals the right to access a record of personal information. Applicants may contact the Board at 916-515-5200 for additional assistance or e-mail acupuncture@dca.ca.gov.

Application Submission Guidance

Section 2 - Other name(s) you have used or have been known by:

Please list all other names you use, e.g. AKAs. Ensure you are listing any previous names that may appear on official transcripts. If transcripts come with another name, the applicant will need to submit documentation of the legal name change, such as marriage certificate, naturalization card, or court order.

Section 11 - Any Acupuncture or Other Healing Arts Licenses in Any Jurisdictions

If you have been licensed/certified to practice any healing arts practice in California, or any other jurisdiction, mark yes and list the jurisdiction(s), license type(s), license number(s), date(s) issued and dates of practice. If you have not, check no.

Section 12 - Denials for Testing or Licensure in Acupuncture, or any Healing Arts License, in Any Jurisdictions

If you have ever been denied a license or permission to practice acupuncture, or any other healing arts, or permission to take an examination in any state, country, or U.S. federal jurisdiction check yes and provide an explanation on a separate sheet of paper. Include state or country, date of denial, and reason for denial. If no, mark no.

Section 13 – Military Service

If you are currently serving in, or have previously served in, the military, mark yes and provide a copy of your military posting orders.

Section 14 – Active-Duty Membership and US Department of Defense SkillBridge program enrollees

If you are an active-duty member of the US Armed Forces and enrolled in the US Department of Defense SkillBridge program, mark yes and contact the exam unit to obtain instruction on documentation to provide to be eligible for expedited processing in compliance with BPC §115.4.

Section 15 – Honorably Discharged Veterans of the United States Armed Forces

If you have you served as an active duty member of the Armed Forces of the United States and been honorably discharged, check yes and contact the exam unit to obtain instruction on documentation to provide to be eligible for expedited processing in compliance with BPC §115.4.

Section 16 - Spouse or domestic partner of an active-duty member of the Armed Forces

If you are currently married or in a domestic partnership with an active duty member of the Armed Forces of the US assigned to a duty station in this state under official active duty military orders, check yes and contact the exam unit to obtain instruction on documentation to provide to be eligible for expedited processing in compliance with BPC §115.5.

Section 17 – Refugees, Asylees, and Special Immigrant Visa Holders

If any of the following apply to you, attach evidence of your status as a refugee, asylee, or special immigrant visa holder to be eligible for expedited processing in compliance with BPC §135.4:

- A. You were admitted to the US as a refugee per Section 1157 of title 8 of the US Code;
- B. You were granted asylum by the Secretary of Homeland Security or the US Attorney General per Section 1158 of the US Code; or,

C. You have a special immigrant visa and were granted a status per section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translator/interpreters or those who worked for or on behalf of the US government.

Qualification Pathway Required Documentation and Fees

Please select the applicable pathway in which you are qualifying for the California Acupuncture Licensing Examination. Fees due are determined by the pathway in which you qualify.

Section 18. Tutorial Applicants

If you are qualifying via the Tutorial program, identify your Tutorial Supervisor, their CA license number, and your program completion date.

Section 19. Board Approved Educational and Training Program Applicants

a. Approved Educational and Training Program

Please list the program (school) where you completed the approved acupuncture curriculum. Arrange with the program to send one original transcript with signature and official seal directly to the Board. Your acupuncture program must provide a [Transfer Credit Form](#) for courses that were transferred from other colleges and universities, and the [Clean Needle Technique \(CNT\)](#) certificate if taken at the school.

b. Transfer Credit

Please list the programs where coursework was completed, and for which transfer credit was awarded. Official Transcripts (see requirements below) are required.

Official Transcript Requirements

Transcripts with signature and official seal must be sent directly to the Board from the institution(s) where the coursework was originally taken. Digital transcripts can be sent from the school to AcuTranscripts@dca.ca.gov.

Section 20. Foreign-Trained Applicants

List the programs (schools) where you received your undergraduate and Traditional Chinese Medicine education.

Official Foreign Transcript Requirements

All education from foreign universities must be evaluated by a foreign transcript evaluation service that is a member of the National Association of Credential Evaluation Services (NACES). Official Transcripts must come directly from the program, directly to the Acupuncture Board or a certified copy can be included from the foreign transcript evaluation service. For a complete list of required documents contact the Exam Unit at AcuExamUnit@dca.ca.gov.

If you have ever been denied a license or permission to practice acupuncture, or any other healing arts, or permission to take an examination in any state, country, or U.S. federal jurisdiction check yes and provide an explanation on a separate sheet of paper. Include state or country, date of denial, and reason for denial. If no, mark no.

ADDITIONAL DOCUMENTS TO ATTACH TO APPLICATION FOR ALL APPLICANTS

1) Cardiopulmonary Resuscitation (CPR Certificate) and First Aid

A photocopy of your current CPR Certificate showing completion of a certified training offering both first aid and adult/child cardiopulmonary resuscitation (from the American Red Cross or American Heart Association) is required to be submitted with your application.

2) Clean Needle Technique (CNT) Certificate

The CNT Certificate must come directly to the Acupuncture Board from:

- a) Council of College of Acupuncture and Oriental Medicine (CCAOM), or,
- b) Approved Educational and Training Program (school) if the CNT course was taught by your program.

3) Color copy of U.S. government issued picture ID

APPLICATION SUBMISSION

Mail your completed application to the following address:

**California Acupuncture Board
1625 N. Market Blvd, Suite N-
219
Sacramento, CA 95834**

To receive verification that an application is received, it is recommended that you either apply online at the Board's website or send your application package by courier such as Fed Ex or UPS. The Board is not responsible for those applications that do not arrive at the Board office (i.e. lost in mail, etc.).

Request for Reasonable Accommodations:

The Americans with Disabilities Act and the California Fair Employment and Housing Act allows for testing accommodations or auxiliary aids or services for applicants who can substantiate the need for reasonable accommodation.

Policies and Procedures for exam candidates requesting accommodations and the required forms may be found at www.acupuncture.ca.gov/students/spec_accom.shtml.

Attachments A and B of the Reasonable Accommodation application should be sent to the Board after you have been fully approved to test.