

1747 N. Market Blvd., Suite 180
 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 used or are known by					
3. Address					
Street					
City	State		Zip Code		
Country					
4. Email			5. Phone Number		
6. SSN/ITIN			7. Birthdate (MM/DD/YYYY)		
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
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 13					
<input type="checkbox"/> Board Approved Acupuncture Program – \$250 Application Fee - Fill out all fields in question 14					
<input type="checkbox"/> Foreign Trained Applicants – \$350 Application Fee - Fill out all fields in question 15					

13. TUTORIAL APPLICANTS

Program Completion
Date (MM/YYYY)

Tutorial
Supervisor

Supervisor
License Number

14. BOARD APPROVED ACUPUNCTURE PROGRAM APPLICANTS

Acupuncture Program 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)

15. 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)

16. 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.

AdviseMENTS:

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.

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 13. Tutorial Applicants

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

Section 14. Board Approved Educational and Training Program Applicants

a. Approved Educational and Training Program

Please list the program where you completed the required 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 above) 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.

Section 15. Foreign-Trained Applicants

List the programs 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 see the Foreign Application Checklist.

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)

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 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
1747 N. Market Blvd, Suite 180
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 with your exam fee after you have been fully approved to test.