



MEDICAL BOARD OF CALIFORNIA  
**ACUPUNCTURE COMMITTEE**  
 1424 Howe Avenue, Suite 37  
 Sacramento, CA 95825-3233  
 (916) 263-2680; FAX (916) 263-2654



## APPLICATION UPDATE FOR EXAMINATION / LICENSURE

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

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 number)	_____
City	State      Code      Country
4. Telephone Number: (residence)	Social Security Number: (See disclosure statement below)
(    )	_____
<p>Disclosure of social security number (SSN) is mandatory. Sections 17000 and 17001 of the Business and Professions Code and Public Law 94-455 (42 USC 405(e)(2)(C)) authorize collection of your SSN. Your SSN will be used exclusively for enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Family Code and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national credential where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board which will assess a \$100.00 penalty against you.</p>	
6. Date last took California Acupuncture I Examination:	_____
7. Examination language preference:	_____
<input type="checkbox"/> English <input type="checkbox"/> Korean <input type="checkbox"/> Mandarin <input type="checkbox"/> Chinese Cantonese <input type="checkbox"/> Other	
<p>If "OTHER" indicate which language _____</p> <p>NOTE: If at least five percent (5%) of approved applications request same language indicated under "OTHER" then translations and translators for that language will be provided. If not, the applicant will have to take the examination in one of the languages listed.</p>	
8. Have you ever been denied, or had your permission to practice acupuncture or any other healing arts, or permission to take an examination, in any country, or U.S. federal jurisdiction?	
<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain on a separate sheet of paper. Include state or country, date of denial 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?	
<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain in detail on a separate sheet of paper.	
10. Has any disciplinary action ever been taken regarding any healing arts license which you now hold or ever held?	
<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain on a separate sheet of paper. Include the date, charge and disposition.	

11. 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.

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  No 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 or felony in any state, the United States, or a foreign country? **NOTE: You are required to list any conviction or plea 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, charges, conviction and penalty or disposition.

14. 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 presence of a Notary Public.

**STATEMENT OF APPLICANT**

*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 my license.*

Date \_\_\_\_\_ Signature \_\_\_\_\_

FOR NOTARY PUBLIC:

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared \_\_\_\_\_,  personally known to me OR--  proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/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 \_\_\_\_\_