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www.acupuncture.ca.gov



ACUPUNCTURE LICENSE RENEWAL APPLICATION

\$500.00

(non-refundable)

Mail the completed application and check, or money order, for \$500 to the address above.
 Please note license renewals may also be completed online with greater convenience and quicker turnaround
 at the following link: <https://connect.acupuncture.ca.gov/#/>.

Renewals cannot be processed more than 60 days prior to a licensee's expiration date.

NAME (Last)	(First)	(Middle)	LICENSE NUMBER
BUSINESS NAME (includes DBA if applicable)		FALSE/ASSUMED NAME(S) (e.g. nickname)	
LICENSE EXPIRATION DATE:	EMAIL ADDRESS:	PHONE NUMBER:	

CONTINUING EDUCATION (CE) REQUIREMENT – Select one of the following:

- I have complied with the CE requirements (50 hours every 2 years after the initial license period).
- I am on inactive status. (Only mark this box if you are already on inactive status. You cannot use this form to apply for or change this status.)

DISCIPLINARY QUESTIONS

- Since you last applied for renewal, have you been convicted of any violation of the law of this or any other state, the U.S, or other country, omitting traffic infractions under \$300 not involving alcohol, dangerous drugs (as defined in Section 4022 of the Code), or controlled substances.
- Yes
 No
- Since you last renewed your license, have you been denied a license or had a license disciplined by another licensing authority of this state, of another state, of any agency of the federal government, or of another country?
- Yes
 No

WALL LICENSE (PLACE OF PRACTICE)

- I currently **DO NOT** have a place of practice.
- I currently **DO** have a place of practice.
 Read over the following options. Either option will require you to manage your Wall License online or print the *Wall License Location form* from the Board's website at www.acupuncture.ca.gov under Licensing Forms.
 1. If you do not have a Wall License, register each place of practice and order a Wall License for each location.
 2. If you have a Wall License with an expiration date, you must renew it at the time of license renewal.

ATTESTATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Licensee Signature: _____ Date: _____

FOR BOARD USE ONLY

AMOUNT \$ _____ RECPT # _____ DATE _____

Guidance for Sections Requesting Business Name and False/Assumed Name(s)

These sections refer to any of the following that you may use in connection with your practice of acupuncture:

- Previous legal names (e.g. maiden name)
- Nicknames,
- AKAs (Also Known As)
- American or other pseudonym that you use in place of your legal name
- Alias,
- Fictitious business name (also known as a DBA or Doing Business As)

The disclosure of such information complies with Business and Professions Code section 4955 (I).