STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

ACUPUNCTURE BOARD
1747 North Market Boulevard, Suite 180, Sacramento, CA 95834
(916) 515-5200 FAX (916) 928-2204 www.acupuncture.ca.gov

CONTINUING EDUCATION PROVIDER APPLICATION

CE Provider No. _____

Type of Application
____ New
____ Renewal
____ Address Change
____ Provider Name Change
____ Coordinator Change

[Please submit this form along with $150 to the Acupuncture Board. The following must be typewritten or legibly handwritten and in English (C.C.R., Title 16, Division 13.7, Section 1399.481 (a)]

PROVIDER

_____
Name of Individual or Organization — Web Address

ADDRESS

_____
Number and Street — City — State — Zip

OWNERSHIP

_____
Name of Owner or President

_____
E-mail address

CONTACT #

_____
Telephone #

_____
Fax #

CONTACT PERSON

_____
CE Coordinator

_____
E-mail address

CONTACT #

_____
Telephone #

_____
Fax #

By signing below, I affirm, under penalty of perjury under the laws of the State of California, that I have read and will comply with the continuing education regulations, and that all statements contained in this application are true and correct.

_____ **Signature**

_____ **Date**

_____ **Printed Name**

_____ **Title**

For Acupuncture Board Use Only

Approved _____ Renewal Date _____

Denied _____

Evaluator's initials _____

FOR BOARD USE ONLY
AMOUNT $_____
ATS ID # _____
RECEIPT # _____
CHECK # _____