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Approved Educational and Training Program Annual Reporting Form

SCHOOL INFORMATION					
School Name					
PHYSICAL ADDRESS					
Street					
City		State		Zip Code	
MAILING ADDRESS					
Street					
City		State		Zip Code	
CONTACT PERSON					
Name			Title		
Email Address			Phone Number		
PROGRAM INFORMATION					
Program Name & Acronym					
Total Program Clock Hours		Reporting School Year			
<p>Since the last curriculum approval, has any of the following changes occurred:</p> <ul style="list-style-type: none">• Required course(s) added to the program?• Required course(s) removed from the program?• Changes to course content that related to the required curriculum outlined in CCR § 1399.434? <p>*If yes, a new Application for Board Approval of Curriculum must be submitted reflecting the new curriculum per CCR § 1399.437(e).</p>					<div><input type="checkbox"/> Yes*</div> <div><input type="checkbox"/> No</div>

I certify under penalty of perjury that the information contained on this form and any included attachment(s) is true and correct.

Signature of Contact Person

Date Signed

FOR BOARD USE ONLY		
ACAHM Status _____	Regional Accreditation Status _____	Staff Initials _____