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Tutorial Program Supervisor Application

\$100 Application Fee

TUTORIAL SUPERVISOR AND CLINIC INFORMATION					
Supervisor Name	Last	First	Middle	License Number	
Training Clinic Name					
Clinic Address					
Street					
City		State		Zip Code	
Email Address			Phone Number		
Trainee's Name	Last	First	Middle	Proposed Start Date	
SUPERVISOR QUALIFICATIONS					
1. Do you have at least ten (10) years of experience practicing as an acupuncturist and have you been licensed in California for at least five (5) years?					<input type="checkbox"/> Yes <input type="checkbox"/> No
2a. Has any disciplinary action ever been taken against any professional license you currently hold, or, have ever held?					<input type="checkbox"/> Yes <input type="checkbox"/> No
2b. If yes, attach an explanation including the following: agency issuing discipline, license type, license number, details on the disciplinary action taken against your license(s), and date(s) of action.					
ATTESTATION					
<p>I certify under the penalty of perjury that the information contained in this application and any included attachment(s) is true and correct. I have read and understand the 'Laws and Regulations Relating to the Practice of Acupuncture' specifically the sections pertaining to acupuncture tutorials, acupuncture supervisors, and acupuncture trainees and their mutual legal, professional, and ethical responsibilities.</p> <p style="text-align: center;"> </p> <p style="text-align: center;"> Signature of Supervisor Date </p>					

FOR BOARD USE ONLY			
AMOUNT \$ _____	ATS RECEIPT # _____	Check # _____	DATE _____