

ACUPUNCTURE BOARD

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



APPLICATION FOR EXAMINATION COMPLETION INSTRUCTIONS

Read Carefully Before Completing Application

IMPORTANT: Completion and submission of this application to the California Acupuncture Board does not give the applicant a right or privilege to practice acupuncture. All answers are made under penalty of perjury. False information may result in denial or revocation of a license. If space on the application is not sufficient, attach additional sheets.

FEES: \$75.00. DO NOT SEND CASH. Enclose a certified check, money order or personal check for \$75.00 (application fee). Check or money order must be from a U.S. Bank in U. S. dollars.

Make checks payable to the California Acupuncture Board. If fees are not submitted with the application, it will be returned and must be re-submitted. Applications re-submitted after the official deadline will not be accepted under any circumstances. If a check is returned for non-sufficient funds, a cashier's check or money order (including all returned check charges) will be required.

Exam applications and fees must be submitted by the exam application postmark deadline.

ITEMS:

1. **Name:** List last name, first name and middle name. All information must be provided.
2. **Other name(s) you have used or have been known by:** Please list other names you have used or been known by. This will assist the Acupuncture Board in locating official transcripts and other required documents that have been sent directly to the Acupuncture Board.
3. **Address:** List your current address.
4. **E-mail Address:** Provide your e-mail address.
5. **Telephone Number:** List the telephone number that you can be reached at.
6. **Social Security Number or Individual Tax Identification Number:** Disclosure of social security number (SSN) or individual taxpayer identification number (ITIN) is **mandatory**. Section 30 of the Business and Professions Code and 42 USC Section 405(c)(2) authorize collection of your SSN.
7. **Examination Language Preference:** Please indicate if you wish to take the exam in English, Chinese or Korean.
8. **Prior Application:** Have you ever applied for the California Acupuncture Licensing Examination before? Provide month and year of prior application.

How many times have you taken the California Acupuncture Licensing Examination? List the number of times.
9. **U. S. Military:** Are you currently serving in the United States Military? Check yes or no. If yes, please explain in full on a separate sheet of paper.

10. **Board Approved Schools Applicants:**

List schools where you received undergraduate education, transfer credit and Traditional Chinese Medical Education. List your most recent school of attendance first.

Transcript Requirements:

Transcripts with the signature and the Registrar's official seal must be sent directly from the institution(s) where the coursework was originally taken to the California Acupuncture Board.

A. **APPROVED TRAINING PROGRAM:**

School of Graduation – Arrange for one original transcript with signature and Registrar's official seal. (Business and Professions Code Acupuncture Licensing Act, Article 2 4938 (b)(1).

Your acupuncture school must also provide documents to show:

1. Courses in Progress
2. Transfer Credit Form to indicate the courses that were transferred from other colleges and universities.

B. **TRANSCRIPTS - TRANSFER CREDIT:** Transcripts for which transfer credit was awarded.

(Title 16, Article 2 1399.435(a) and Title 16, Article 3.5 1399.435 (g).

C. **TRANSCRIPTS - UNDERGRADUATE:** (Title 16, Article 3.5, 1399.435 (a)

11. **Foreign Trained Applicants:**

List schools where you received undergraduate education, and Traditional Chinese Medicine Education. List the most recent school of attendance first.

FOREIGN TRANSCRIPTS: Official Transcripts must come directly from the University to the Acupuncture Board. However, sealed official transcripts can be accepted from the student.

Copies will not be accepted. All foreign language documents – including transcripts, must be accompanied by an English translation, certified by the translator, as to the accuracy of the translation, under penalty of perjury.

12. **Tutorial Applicants:** *Identify your supervisor and give dates of training. Attach a notarized completion letter of the tutorial program from the supervisor.*

ADDITIONAL DOCUMENTS TO BE SUBMITTED WITH APPLICATION

Cardiopulmonary Resuscitation (C P R Certificate): A photocopy of your current CPR Certificate showing that you have completed a certified training offering both first-aid and adult/child cardiopulmonary resuscitation from the American Red Cross, American Heart Association must be submitted with your application. Online courses are not accepted. Currently only the American Heart Association and the American Red Cross are the only approved providers for the Acupuncture Board.

Clean Needle Technique (CNT) Certificate: The CNT Certificate must come directly to the Acupuncture Board from:

1. Council of College of Acupuncture and Oriental Medicine (CCAOM).
2. Approved Training Program - Clean Needle Technique was taught at your school.

13. Have you ever been licensed/certified to practice acupuncture/Traditional Chinese Medicine or any other medical profession/healing arts in California or any other state or country? *Check yes or no. If yes, list state or country, license type, license number, date issued and dates of practice in issuing agency's jurisdiction for each.*
14. Have you ever been denied a license, permission to practice acupuncture or any other healing arts, or permission to take an examination in any state, country, or U.S. federal jurisdiction? *Check yes or no. If yes, please explain on a separate sheet of paper. Include state or country, date of denial and reason for denial.*
15. 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? *Check yes or no. If yes, please explain in detail on a separate sheet of paper.*
16. Has any disciplinary action ever been taken regarding any healing arts or professional license which you now hold or ever held? *Check yes or no. If yes, please explain on a separate sheet of paper. Include the date, charge and disposition.*
17. Have you ever voluntarily surrendered a license to practice any healing arts in another state? *Check yes or no. If yes, please explain on a separate sheet of paper.*
18. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? *Check yes or no. If yes, please explain on a separate sheet of paper.*
19. Have you ever been convicted of, or pled guilty or nolo contendere to **ANY** offense in the United States, its territories, or a foreign country? *Check yes or no. If yes, please explain on a separate sheet of paper and include dates, charge/violation, location and penalty or disposition.*

This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b) which are two years or older should NOT be reported. Convictions that were later expunged from the record of the court or set aside pursuant to section 1203.4 of the California Penal Code or equivalent non-California law MUST be disclosed.

20. Exclusive of juvenile court adjudications and criminal charges dismissed under section 1000.3 of the California Penal Code or equivalent non-California laws, or convictions under California Health and Safety Code section 11357(b), (c), (d), (e), or section 11360(b) which are two years or older, have you had a charge or conviction that was set aside or later expunged from the record of the court? *Check yes or no. If yes, please explain on a separate sheet of paper.*
21. Have you ever had an adverse judgment entered against you or entered into an adverse settlement as a result of medical malpractice litigation? *Check yes or no. If yes, please explain on a separate sheet of paper.*
22. Are you currently employed in the healthcare field? If yes, please list your occupation, employer's name, address and telephone number. *Check yes or no. If yes, please list your occupation, employer's name, address and telephone number.*

PHOTOGRAPH: Attach one (1) photo (at least 2" x 2" and not more than 3" x 4") of applicant taken within sixty (60) days of application.

PERSONAL DATA: Answer the following questions: Birth date – month, day, year, Sex: male or female
Height – express in feet and inches, Weight express in pounds, Color of eyes - list eye color, Color of Hair - list hair color

DATE AND SIGN UNDER PENALTY OF PERJURY: Please sign and date below the “Statement of Applicant”:

Applications sent without date and signature will be returned to candidate.

Request for Special Accommodations: If you will need special accommodations (American with Disabilities Act, Religious, Pregnant or Nursing) for taking the examination, you **must** submit the required forms with your application for examination by the filing deadline. The board will not provide accommodations at the examination site without prior approval. The board recognizes its responsibilities under the Federal Americans with Disabilities Act and the California Fair Employment and Housing Act by providing testing accommodations or auxiliary aids or services for applicants who can substantiate the need for accommodation due to a physical or mental disability or a medical condition.

Policies and Procedures for exam candidates requesting accommodations for disabilities and the required forms may be found at www.acupuncture.ca.gov/students/spec_accom.shtml . Attachment A and Attachment B **must be postmarked** on the same date that the exam application is due.

APPLICATION SUBMISSION: Mail your completed application to the following address:

**California Acupuncture Board
1747 N. Market Blvd, Suite 180
Sacramento, CA 95834**

It is the applicant’s responsibility to ensure his/her application is postmarked by the final filing date. Please do not call the Acupuncture Board to verify receipt of your application, as this delays the processing of all examination applications. If you wish to ensure that your application is received, **it is recommended that you send your application package by registered or certified mail with return receipt requested.** The Acupuncture Board is not responsible for those applications that do not arrive at the Acupuncture Board office (i.e. lost in mail, etc.).

POSSIBLE DISCLOSURE OF PERSONAL INFORMATION

The Acupuncture Board makes every effort to protect the personal information you provide us. The information you provide may be disclosed, however, as permitted in response to a Public Records Act request (California Government Code section 6250 et seq.), as permitted by the Information Practices Act (California Civil Code section 1798 et seq.), to another government agency as required by state or federal law, in response to a court or administrative order, a subpoena, or a search warrant.

RIGHT TO ACCESS YOUR PERSONAL INFORMATION

The Information Practices Act, California Civil Code Section 1798 et seq., provides you with the right to access a record of your personal information. You may contact the Acupuncture Board 916-515-5200 for additional assistance.



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APPLICATION FOR EXAMINATION

APPLICATION FEE: \$75.00

NOTICE: This application should be used only if you are: 1.) A new applicant for the Exam. 2) You were not fully approved when you last applied to sit for the exam. OR 3) It has been two years or more since you last took the Exam and you did not extend your eligibility by submitting a request in writing to the Board. (Title 16, Article 2, 1399.413, 1399.417 (a) and (b). This information is requested under Sections 4938, 4941, and 4944 of the Business and Professions Code. All items of information are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information will be used to determine qualification for examination and licensure. Information may be transferred to other governmental agencies if required. Each individual has the right to review the files maintained on them by our agency, unless the records are identified as confidential and are exempted in Section 1798.40 of the Information Practices Act of the Civil Code.
 Questions? - E-mail the California Acupuncture Board at acupuncture@dca.ca.gov

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

1. Name: <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Last First Middle </div>	
2. Other name(s) you have used or have been known by: <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/>	
3. Address: <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center; font-size: small;">Number and Street / Rural Route (include apartment number, if any)</p> <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> City State Zip Code Country </div>	4. E-mail Address <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/> @ <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/>
5. Telephone Number: ()	6. Social Security Number or Individual Taxpayer Identification Number : (See disclosure statement below) <div style="text-align: center; margin-top: 10px;"> — — </div>
<p>Disclosure of a valid social security number (SSN) or individual taxpayer identification number (ITIN) is mandatory. Section 30 of the Business and Professions Code and 42 USC section 405(c)(2) authorize collection of your SSN or ITIN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination.</p> <p>The Acupuncture Board makes every effort to protect the personal information you provide us. The information you provide may be disclosed, however, as permitted in response to a Public Records Act request (California Government Code Section 6250 et seq.), as permitted by the Information Practices Act (California Civil Code Section 1798 et seq.), to another government agency as required by state or federal law, in response to a court or administrative order, a subpoena, or a search warrant.</p> <p>The Information Practices Act, California Civil Code Section 1798 et seq., provides you with the right to access a record of your personal information. You may contact the Acupuncture Board at 916-515-5200 for additional assistance or e-mail acupuncture@dca.ca.gov</p>	
7. Examination language preference: <input type="checkbox"/> English <input type="checkbox"/> Korean <input type="checkbox"/> Chinese	FOR BOARD USE ONLY AMOUNT _____ ATS ID# _____ RECEIPT# _____ CHECK# _____ DATE _____
8. Have you ever applied for the California Acupuncture Licensing Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give the month/year of most recent application ____/____ Number of times you have taken the exam _____	
9. Are you currently serving in, or have you ever served in, the United States Military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in full on a separate sheet of paper.	

10. List schools where you received Traditional Chinese Medicine, undergraduate education, and transfer credit Education. **List your most recent school first.**

Transcripts with the signature and the Registrar's official seal are to be sent directly from the institution(s) where the coursework was originally taken.

Transcripts:

From (Mo/Yr) - To (Mo/Yr)

- A. List Acupuncture School of Graduation -- (Business & Professions Code Acupuncture Licensing Act, Article 2 4938 (b)(1))

- B. List undergraduate schools and schools from which you received transfer credit at your Acupuncture School in order with the most recent school first (Title 16, Article 2 1399.435(a) & (g)).

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

11. **Foreign-Trained Applicants Only** - List the names of foreign school(s) attended where you received your Oriental Medicine education. **List your most recent school first.**
Document Requirements: Official transcripts, certificate of degree must be received by the exam application deadline. For a complete list of required documents see the [Foreign Application Checklist](#).
Transcripts: Transcripts must come directly from the university to the Acupuncture Board. Sealed official copies of transcripts can be accepted from the student.
 All foreign language documents - including transcripts must be accompanied by an English translation certified by the translator as to the accuracy of such translation under penalty of perjury

Schools

Dates of Attendance

From (Mo/Yr) - To (Mo/Yr)

_____	_____
_____	_____
_____	_____
_____	_____

12. **Tutorial Applicants Only** - List the name and address of the supervising acupuncturist and dates of training:
Supervising Acupuncturist:

Name: _____

Address: _____

Length of Program:

From: _____ To: _____
 Month Day Year Month Day Year

13. Have you ever been licensed/certified to practice acupuncture/Traditional Chinese Medicine or any other medical profession/healing arts in California or any other state or country?

Yes No If yes, list state or country, license type, license number, date issued and dates of practice in issuing agency's jurisdiction for each.

Dates of Practice State or

<u>Country</u>	<u>Type of License</u>	<u>License Number</u>	<u>Date of Issuance</u>	<u>From (Mo/Yr) - To (Mo/Yr)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. Have you ever been denied a license, permission to practice acupuncture or any other healing arts, or permission to take an examination in any state, country, or U.S. federal jurisdiction?

Yes No If yes, please explain on a separate sheet of paper. Include state or country, date of denial and reason for denial.

15. 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?

Yes No If yes, please explain in detail on a separate sheet of paper.

16. Has any disciplinary action ever been taken regarding any healing arts or professional license which you now hold or ever held?

Yes No If yes, please explain on a separate sheet of paper. Include the date, charge and disposition.

17. 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.

18. 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.

19. Have you ever been convicted of, or pled guilty or nolo contendere to **ANY** offense in the United States, its territories, or a foreign country?

This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b) which are two years or older should NOT be reported. Convictions that were later expunged from the record of the court or set aside pursuant to section 1203.4 of the California Penal Code or equivalent non-California law MUST be disclosed.

(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, charge/violation, location and penalty or disposition.

20. Exclusive of juvenile court adjudications and criminal charges dismissed under section 1000.3 of the California Penal Code or equivalent non-California laws, or convictions under California Health and Safety Code section 11357(b), (c), (d), (e), or section 11360(b) which are two years or older, have you had a charge or conviction that was set aside or later expunged from the record of the court?

Yes No If yes, please explain on a separate sheet of paper.

21. Have you ever had an adverse judgment entered against you or entered into an adverse settlement as a result of medical malpractice litigation?

Yes No If yes, please explain on a separate sheet of paper

22. Are you currently employed in the health-care field?

Yes No If yes, please list your occupation, employer's name, address and telephone number _____
