



REQUEST FOR AUTHORIZATION TO PRACTICE WITHOUT A CALIFORNIA LICENSE AT A REGISTERED FREE HEALTH CARE EVENT

In accordance with California Business and Professions Code Section 901, any acupuncturist who is licensed or certified and in good standing in another state, district, or territory in the United States may request authorization from the Acupuncture Board (Board) to participate in a free health care event offered by a sponsoring entity, registered with the Board pursuant to Section 901, for a period not to exceed ten (10) days.

PART 1 - APPLICATION INSTRUCTIONS

An application must be complete and must be accompanied by all of the following:

- A processing fee of \$25 made payable to the Board (check or money order only).
- A copy of each valid and current license and/or certificate authorizing the applicant to engage in the practice of acupuncture issued by any state, district, or territory of the United States.
- A copy of a valid photo identification of the applicant issued by one of the jurisdictions in which the applicant holds a license or certificate to practice.
- A full set of fingerprints on hard cards or a Live Scan inquiry. This will be used to establish your identity and to conduct a criminal history record check. However, this requirement shall apply only to the first application for authorization that you submit.

Live Scan is only available in California for residents or visitors. A listing of California Live Scan sites can be found at <http://ag.ca.gov/fingerprints/publications/contact.php>. Only Live Scan fingerprints completed in California can be accepted. You must fill out a *Request for Live Scan Service* form, which can be obtained from the Board's website at http://www.acupuncture.ca.gov/pubs_forms/lic_forms.shtml or by calling the Board at 916-515-5200.

Procedure: You must take the completed form to the service location, pay a fee and your fingerprints will be taken on a glass without ink. The fee for the Live Scan depends upon the vendor. The fingerprints will then be transmitted electronically to the Department of Justice, who then forwards a report to the Board. Keep a copy of the Live Scan form for your records.

Ink on Fingerprint Cards (hard cards). If you are unable to get your fingerprints completed in California via Live Scan, you must contact the Board to obtain 8" x 8" fingerprint cards (FD-258). Other States' resident cards will not be accepted. Be sure to type or print legibly in black ink in all the areas on the card asking for personal information, that the card is dated and signed by the official taking the fingerprints, and that your signature is on the card.



Procedure: You must take the hard cards to a qualified fingerprint office, e.g., law enforcement, pay a fee, and your prints will be rolled. Include the completed card with your application to participate in a sponsored free health-care event with an additional \$49 non-refundable (check or money order) processing fee made payable to the Board. Reports from the Department of Justice on some hard cards are received within a month after submission. If you need to repeat the fingerprinting process because of unreadable prints or factors beyond the Board's control, this process may take multiple months, so please plan accordingly.

The Board will not grant authorization until this form has been completed in its entirety, all required enclosures have been received by the Board, and any additional information requested by the Board has been provided by the applicant and reviewed by the Board, and a determination made to grant authorization.

The Board shall process this request and notify the sponsoring entity listed in this form if the request is approved or denied within 20 calendar days of receipt. If the Board requires additional or clarifying information, the Board will contact you directly. **Written approval or denial of requests will be provided directly to the sponsoring entity.** It is the applicant's responsibility to maintain contact with the sponsoring entity.

PART 2 – NAME AND CONTACT INFORMATION

1. Applicant Name: _____
First Middle Last

2. Social Security Number: ____ - ____ - _____ Date of Birth: _____

3. Applicant's Contact Information:

_____	_____
Address Line 1	Phone
_____	_____
Address Line 2	Alternate Phone
_____	_____
City, State, Zip	E-mail address

4. Applicant's Employer: _____

Employer's Contact Information:

_____	_____
Address Line 1	Phone
_____	_____
Address Line 2	Facsimile
_____	_____
City, State, Zip	E-mail address (if available)



***The information provided on this application is maintained by the Executive Officer of the California Acupuncture Board, pursuant to Business and Professions Code Section 901. It is mandatory that you provide all information requested. Omission of any item of information will result in the application being rejected as incomplete. The information provided will be used to determine compliance with the requirements of Section 901 and may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the Board, unless the records are exempted from disclosure as per Civil Code Section 1798.40. Individuals may obtain information regarding the location of his or her records by contacting the Executive Officer at the Board at the address and telephone number listed above.**

PART 3 – LICENSURE INFORMATION

1. Do you hold a current license, certification, or registration issued by a state, district, or territory of the United States authorizing the unrestricted practice of acupuncture in your jurisdiction(s)?

No If no, you are not eligible to participate as an out-of-state practitioner in the sponsored event.

Yes If yes, list every license, certificate, and registration authorizing you to engage in the practice of acupuncture in the following table. If there are not enough boxes to include all of the relevant information, please attach an addendum to this form. Please also attach a copy of each of your current licenses, certificates, and registrations.

State/ Jurisdiction	Issuing Agency/Authority	License Number	Expiration Date

2. Have you ever had a license or certification to practice acupuncture revoked or suspended?
 ___ Yes ___ No

3. Have you ever been subject to any disciplinary action or proceeding by a licensing body?
 ___ Yes ___ No

4. Are you currently the subject of any investigation by any governmental entity?



CALIFORNIA ACUPUNCTURE BOARD

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



___ Yes ___ No

5. Have you ever been convicted of any crime, including an infraction, misdemeanor or felony?

___ Yes ___ No

6. Have you ever committed any act or been convicted of a crime constituting grounds for denial of licensure?

___ Yes ___ No

7. Have you ever allowed any license or certification to practice acupuncture to cancel or to remain in expired status without renewal?

___ Yes ___ No

8. If you answered "Yes" to any of questions 2-6, please explain (*attach additional page(s) if necessary*): _____

PART 4 – SPONSORED EVENT

1. Name of non-profit or community-based organization hosting the free healthcare event (the "sponsoring entity"): _____

2. Name of event: _____

3. Date(s) & location(s) of the event: _____

4. Date(s) & location(s) applicant will be performing healthcare services (if different):

5. Please specify the healthcare services you intend to provide: _____

6. Name and phone number of contact person with sponsoring entity: _____

PART 5 – ACKNOWLEDGMENT/CERTIFICATION

I, the undersigned, declare under penalty of perjury under the laws of the State of California and acknowledge that:

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- I have not committed any act or been convicted of a crime constituting grounds for denial of licensure by the Board.
- I hold a current valid license or certificate in good standing in another state, district, or territory of the United States to practice acupuncture.
- I will comply with all applicable practice requirements required of licensed acupuncturists and all regulations of the Board.
- In accordance with Business and Professions Code Section 901(i), I will only practice within the scope of my licensure and/or certification and within the scope of practice for California-licensed acupuncturists.
- I will provide the services authorized by this request and Business and Professions Code Section 901 to uninsured and underinsured persons only and shall receive no compensation for such services.
- I will provide the services authorized by this request and Business and Professions Code Section 901 only in association with the sponsoring entity listed herein and only on the dates and at the locations listed herein for a period not to exceed 10 calendar days.
- I am responsible for knowing and complying with California law and practice standards while participating in a sponsored event located in California.
- Practice of a regulated profession in California without proper licensure and/or authorization may subject me to potential administrative, civil and/or criminal penalties.
- The Board may notify the licensing authority of my home jurisdiction and/or other appropriate law enforcement authorities of any potential grounds for discipline associated with my participation in the sponsored event.
- All information provided by me in this application is true and complete to the best of my knowledge. By submitting this application and signing below, I am granting permission to the Board to verify the information provided and to perform any investigation pertaining to the information I have provided as the Board deems necessary.

Signature

Date

Name Printed

NOTE: Authorization will not be issued until clearance has been received from the California Department of Justice and the Federal Bureau of Investigation.