



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

APPLICATION FOR RENEWAL OF ACUPUNCTURE LICENSE

Attach \$325.00 renewal fee and list CEU hours below (unless on inactive status). If renewal is postmarked after expiration date, or all renewal requirements are not otherwise met, a \$25.00 delinquent fee (\$350.00 total) must be included. Form must be signed.

Renewal Application Procedures:

1. Complete application in full for renewal of license. Failure to answer all questions will render the application incomplete and license not renewed.
2. Attach a check or money order made payable to the Acupuncture Board. Must be in U.S. dollars from a U.S. bank. Credit cards not accepted.
3. Mail completed app to the above address. Renewal processing and replacement pocket license takes 3-5 weeks from when received in our office.

PRINT OR TYPE (DO NOT USE PENCIL)

1. NAME (Last)			(First)			(Middle)		
2. ADDRESS OF RECORD (Your address of record is public information and is given to the public upon request.)								
3. CITY			STATE		ZIP		4. EMAIL ADDRESS:	
5. LICENSE NUMBER:		6. LICENSE ISSUE DATE:		7. LICENSE EXPIRATION DATE:		8. PHONE NUMBER:		
9. CONTINUING EDUCATION REQUIREMENT – Check one of the following: <input type="checkbox"/> This is my first renewal and my license was valid for: (please check one) <input type="checkbox"/> 13 to 16 months and I have completed at least 35 hours <input type="checkbox"/> 17 to 20 months and I have completed at least 40 hours <input type="checkbox"/> 21 to 23 months and I have completed at least 45 hours <input type="checkbox"/> I have completed at least 50 hours of CE within the last two years. List all CEU courses on the second page of this renewal. Do not send CEU certificates but retain them for your records. <input type="checkbox"/> I am on inactive status. (Do not mark this box unless you are currently on inactive status)								
10. Since your last renewal, have you been convicted of any violation of the law of this state or any other state, the United States, or other country, omitting traffic infractions under \$300 not involving alcohol, dangerous drugs, or controlled substances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain on a separate sheet of paper and include all relevant information. Attach to this form.								
11. Since your last renewal, have you been denied a license or had a license disciplined by another licensing authority of this state, of another state, or any agency of the federal government, or of another country? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain on a separate sheet of paper and include all relevant information. Attach to this form.								
12. Have you complied with the fingerprint background check requirement? Fingerprinting is required as a condition of renewal for anyone license prior to January 1, 2001 or for whom an electronic record no longer exists. <input type="checkbox"/> Yes Check "yes" if 1) you were licensed on or after January 1, 2001 and an electronic record of your fingerprint submission exists or 2) you were licensed prior to January 1, 2001 and have furnished a full set of fingerprints to the Department of Justice <input type="checkbox"/> No Check "no" if you were licensed prior to January 1, 2001 or an electronic record of your fingerprint submission no longer exists and you have not furnished a full set of fingerprints to the Department of Justice <input type="checkbox"/> N/A Check "n/a" if you are on inactive status only. You will still need to provide fingerprints when you go back to active.								
13. Since your last renewal, have you moved or changed your location of practice? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list new address: _____								
14. Are you or your Spouse currently on active or reserve duty in the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, per CA Business and Professions Code 114.3, your license fees and CEU requirements are waived while on duty. You must attach written proof (e.g. posting orders) with your renewal to qualify for the waiver. For military spouses, fees and CEU requirements are not waived but renewal process is expedited per CA Business and Professions Code 115.5. Please visit our website or call for more information.								
PLEASE READ CAREFULLY BEFORE SIGNING. False statements included in this application can result in discipline against your license. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.								
Signature: _____						Date: _____		



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Please list below all CEU courses taken within the last renewal period. All CEU courses must be completed before your expiration date or your license will not be renewed and a hold will be placed until completed. Extra CEU hours cannot be “rolled over” from one renewal period to the next. Do not send CEU certificates but retain for your records a minimum of 4 (four) years. All courses must be on the Acupuncture Board approved course list, available online: http://www.acupuncture.ca.gov/licensees/approved_courses.shtml

Date	Provider Name	CEU provider #	Course Name	CEU hours
Total CEU hours:				

CA Code Business and Professions Code Section 1399.489: *“With the exception of those holding an inactive license, when renewing an initial license that has been issued for less than two years, licensees shall complete the following hours of board-approved continuing education:*

<i>Period of initial licensure</i>	<i>Required CEU hours</i>
<i>13-16 months</i>	<i>35</i>
<i>17-20 months</i>	<i>40</i>
<i>21-23 months</i>	<i>45</i>

Thereafter, all licensees shall complete 50 hours every two years as a condition of renewal. No more than five (5) hours of continuing education in each two year period may be obtained in category 2. Licensees are limited to fifty percent (50%) of the required continuing education hours every two (2) years for distance education courses.”

FOR BOARD USE ONLY

AMOUNT \$ _____
 ATS ID # _____
 RECPT # _____
 CHECK # _____