

CALIFORNIA ACUPUNCTURE BOARD
REQUEST FOR CONTINUING EDUCATION (CE) COURSE APPROVAL FORM
[Must be in English (C.C.R., Title 16, Division 13.7, Section 1399.484)] - **Please Print or Type**

Name of Provider _____ CE Provider No. _____

Address _____ E-Mail Address _____

Name of CE Contact _____ Phone _____ Fax _____

Course Title _____

Course Date(s) _____ Requested No. of CE Hours _____

Course Location _____

or

Distant or Home Study Course

Identify which category this course falls under: Category 1 Category 2

Instructor(s) _____

Has the Acupuncture Board previously approved the above course with identical course content, number of CE hours and instructor(s) for your organization? Yes No If YES, please provide the date last approved _____

Will there be any publicity or advertisement for these courses? Yes No

If YES, submit a copy of the publicity/advertisement (with refund policy clearly stated) for the board's review.

Will you provide interpreters or bilingual instruction when necessary? Yes No

Is there any relationship, financial or otherwise, between the provider, individual speakers or moderators and any named brand products or services to be discussed? Yes No If YES, attach a detailed description of the relationship.

Do you administer a test at the completion of the course? Yes No If YES, attach the test criteria used.

By signing below, I affirm, under penalty of perjury, under the laws of the State of California, that I have read and will comply with the continuing education regulations and that all statements contained in this application are true and correct.

Signature _____ Date _____

Print Name _____ Title _____

For Acupuncture Board's Use Only

APPROVE DENY

New Course Request submitted within 45-day timeframe Yes No

Repeat Course Request submitted within 30-day timeframe Yes No

Course application complete Yes No

Authorized Signature

Date

COURSE OBJECTIVES

NAME OF COURSE _____

Please provide the course objectives and include information on how this course relates to the scope of practice of acupuncture in California. Use additional sheets if necessary.

COURSE SCHEDULE/OUTLINE

Please provide a breakdown of course content that will be covered during each day of the onsite course. When counting the number of CE hours, use the standard academic hour (50 minutes) for each CE hour (lunches may not be considered for CE hours).

Starting and ending times:

From	-	To	Course content to be covered during this time:
_____	-	_____	_____
_____	-	_____	_____
_____	-	_____	_____
_____	-	_____	_____
_____	-	_____	_____
_____	-	_____	_____
_____	-	_____	_____
_____	-	_____	_____
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_____	-	_____	_____
_____	-	_____	_____
_____	-	_____	_____
_____	-	_____	_____

INSTRUCTOR INFORMATION

[A separate 'Instructor Information' Sheet must be completed for each instructor]

Instructor's Name _____

Complete Section 'A' if the instructor is an acupuncturist; otherwise, go to Section 'B':

Section A:

Is the instructor a California licensed acupuncturist? Yes No

If Yes - License Number _____

If No, please identify License Number and Name of State _____

Is the acupuncturist authorized to act as a guest acupuncturist in accordance with Section 4949 of the Business and Professions Code? Yes No

Does the instructor have a current valid license pursuant to C.C.R. 1399.485? Yes No

Is the instructor knowledgeable, current and skillful in the subject matter of the course as evidenced through one of the following:

1. Possess a baccalaureate or higher degree from a college/university and provided written documentation of experience in the subject matter Yes No

Degrees Earned:

From [Name of the Educational Institution]

2. Documents experience in teaching similar subject matter content within the five years preceding the course Yes No

3. Documents experience of at least two years (within the last five years) in the specialized area in which he or she is teaching. Yes No

Section B:

If the instructor is a non-acupuncturist, does he or she meet all of the following requirements?

1. Is currently licensed or certified in his or her area of expertise, if appropriate Yes No

Title of License or Certificate

License Number and Name of State

2. Provided written evidence of specialized training, that may include, but not be limited to, a certificate of training or an advanced degree in a given subject area. Yes No

3. Provided evidence of at least two years' documented teaching experience within the last five years in the specialized area in which he or she teaches. Yes No

Provider No. _____

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