



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

CONTINUING EDUCATION PROVIDER APPLICATION

CE Provider No. _____

Type of Application
<input type="checkbox"/> New
<input type="checkbox"/> Renewal
<input type="checkbox"/> Address Change
<input type="checkbox"/> Provider Name Change
<input type="checkbox"/> Coordinator Change

[Please submit this form along with \$150 to the Acupuncture Board. The following must be typewritten or legibly handwritten and in English (C.C.R., Title 16, Division 13.7, Section 1399.481 (a))]

PROVIDER			
_____		_____	
Name of Individual or Organization		Web Address	
ADDRESS			
_____		_____	
Number and Street		City	State Zip
OWNERSHIP		CONTACT #	
_____		_____	
Name of Owner or President		Telephone #	
_____		_____	
E-mail address		Fax #	
CONTACT PERSON		CONTACT #	
_____		_____	
CE Coordinator		Telephone #	
_____		_____	
E-mail address		Fax #	

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

Printed Name

Title

For Acupuncture Board Use Only

Approved Renewal Date _____
 Denied
 Evaluator's initials _____

FOR BOARD USE ONLY
AMOUNT \$ _____
ATS ID # _____
RECEIPT # _____
CHECK # _____