



## APPLICATION UPDATE FOR EXAMINATION

### FEE: \$550.00

This Application Update for Examination should be used only if you have taken the Examination in the past two years.

If 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, do not use this form. You are required to submit a new Application for Examination by the deadline on our Exam Calendar and the application fee of \$75.00. (Title 16, Article 2, 1399.413, 1399.417 (a) and (b).

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

1. Name: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>Last</span> <span>First</span> <span>Middle</span> </div>	
2. Other name(s) you have used or have been known by: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	
3. Address: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Number and Street / Rural Route (include apartment number, if any) <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>City</span> <span>State</span> <span>Zip Code</span> <span>Country</span> </div>	
4. Telephone Number: (    )	5. Social Security Number or Individual Taxpayer Identification Number: (See disclosure statement below)  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
6. E-mail Address: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	
<small>Disclosure of social security number (SSN) or individual taxpayer identification number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USC 405(c)(2)(C)) 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.</small>	
7. Date (month/year) you last took California Acupuncture Licensing Examination: _____	
8. Examination language preference: <input type="checkbox"/> English <input type="checkbox"/> Korean <input type="checkbox"/> Chinese Mandarin	
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. 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.

11. 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.

12. Has any disciplinary action ever been taken regarding any healing arts 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.

13. 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.

14. 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.

15. 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.

16. 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.

17. 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

18. Are you currently employed in the healthcare field?

Yes  No If yes, please list employer's name, address and telephone number \_\_\_\_\_

### STATEMENT OF APPLICANT

I hereby certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect, and that misstatements, or omissions of material facts may be cause for denial of this application, or for suspension or revocation of a license.

Date \_\_\_\_\_ Signature \_\_\_\_\_