



1625 North Market Blvd., Suite N-219
 Sacramento, CA 95834
 P 916.515.5200 F 916.928.2204
www.acupuncture.ca.gov



APPLICATION FOR EXAMINATION

Must include non-refundable application fee

APPLICANT INFORMATION					
1. Name		Last	First	Middle	
2. Other legal name(s) you have used (see page 4)					
3. Address					
Street					
City		State		Zip Code	
Country					
4. Email		5. Phone Number			
6. SSN/ITIN		7. Birthdate (MM/DD/YYYY)			
8. Examination language choice		<input type="checkbox"/> English		<input type="checkbox"/> Chinese <input type="checkbox"/> Korean	
9. Have you ever applied for the California Acupuncture Licensing Examination?					<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever taken the California Acupuncture Licensing Examination?					<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you ever been licensed/certified to practice acupuncture or any healing art profession in any jurisdiction? If yes , list state or country, license type, license number, date issued and dates of practice					<input type="checkbox"/> Yes <input type="checkbox"/> No
State or Country		Type of License		License Number	
12. Have you ever been denied a license, or permission to practice acupuncture, or any other healing arts profession, if yes , please provide the state or country, date and reason of denial on a separate sheet of paper.					<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you served as an active duty member of the Armed Forces of the United States and been honorably discharged? If yes , please contact AcuExamUnit@dca.ca.gov to obtain instruction on documentation to provide to be eligible for expedited processing in compliance with BPC § 115.4.					<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are you currently married or in a domestic partnership with an active duty member of the Armed Forces of the US assigned to a duty station in this state under official active duty military orders? If yes , please contact the exam unit to obtain instruction on documentation to provide to be eligible for expedited processing and a fee waiver in compliance with BPC § 115.5.					<input type="checkbox"/> Yes <input type="checkbox"/> No
15. BPC § 135.4 provides for expedited processing, if any of the following apply (see page 4 for details): A. You were admitted to the US as a refugee per Section 1157 of title 8 of the US Code; B. You were granted asylum by the Secretary of Homeland Security or the US Attorney General C. You have a special immigrant visa If yes , mark yes and include evidence of your status					<input type="checkbox"/> Yes <input type="checkbox"/> No

QUALIFICATION PATHWAY AND FEES – See guidance on page 4 for required documentation

- Board Approved Tutorial Program – \$250 Application Fee** - Fill out all fields in question 16
Applicants who completed a Board Approved Tutorial Program which qualifies them for the exam
- Board Approved Acupuncture Program – \$250 Application Fee** - Fill out all fields in question 17
Applicants who qualify for the exam based upon the completion of a Board approved training program (school)
- Foreign Trained Applicants – \$350 Application Fee** - Fill out all fields in question 18
Applicants whose training and education was outside of the United States and have not subsequently completed a TCM program in the U.S.

16. TUTORIAL APPLICANTS

Program Completion
Date (MM/YYYY)

17. BOARD APPROVED ACUPUNCTURE PROGRAM APPLICANTS

Acupuncture Program (school) Where Curriculum was Completed	Completion date

18. FOREIGN-TRAINED APPLICANTS

Listing your most recent school first, provide the school(s) attended where you received your Chinese Medicine education.

School Name	Completion date

19. ATTESTATION

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.

Signature _____ Date _____

FOR BOARD USE ONLY

AMOUNT \$ _____ Receipt # _____ Date _____



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COMPLETION INSTRUCTIONS AND ADVISEMENTS

Completion and submission of the application for the California Acupuncture Licensing Examination (CALE) to the California Acupuncture Board (Board) does not give the applicant a right or privilege to practice acupuncture. All answers are made under penalty of perjury. False information may result in denial or revocation of a license. Attach additional sheets if more space is required.

AdviseMENTS:

The information in this application is requested under Sections 4938 and 4944 of the Business and Professions Code (BPC). Failure to provide any of the requested information may result in the application being rejected as incomplete. Information may be transferred to other governmental agencies if required. Each individual has the right to review the files maintained on them by the Board unless the records are identified as confidential and are exempted in Section 1798.40 of the Information Practices Act of the California Civil Code (CCC).

Section 30 of the BPC and Title 42 USC section 405(c)(2) authorize collection of your Social Security Number (SSN) or Individual Taxpayer Identification Number (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.

The Acupuncture Board makes every effort to protect the personal information received. However, the information provided on applications may be disclosed, as permitted, in response to a Public Records Act request (California Government Code Section 6250 et seq.), as permitted by the Information Practices Act (CCC Section 1798 et seq.), to another government agency as required by state or federal law, in response to a court or administrative order, a subpoena, or a search warrant.

The Information Practices Act, CCC Section 1798 et seq., provides individuals the right to access a record of personal information. Applicants may contact the Board at 916-515-5200 for additional assistance or e-mail acuExamUnit@dca.ca.gov.

Application Submission Guidance

Section 2 - Other name(s) you have used or have been known by:

Please list all other names you use, e.g. AKAs. Ensure you are listing any previous names that may appear on official transcripts. If transcripts come with another name, the applicant will need to submit documentation of the legal name change, such as marriage certificate, naturalization card, or court order.

Section 11 - Any Acupuncture or Other Healing Arts Licenses in Any Jurisdictions

If you have been licensed/certified to practice any healing arts practice in California, or any other jurisdiction, mark yes and list the jurisdiction(s), license type(s), and license number(s). If you have not, check no.

Section 12 - Denials for Testing or Licensure in Acupuncture, or any Healing Arts License, in Any Jurisdictions

If you have ever been denied a license or permission to practice acupuncture, or any other healing arts, check yes and provide an explanation on a separate sheet of paper. Include state or country, date of denial, and reason for denial. If no, mark no.

Section 13 – Honorably Discharged Veterans of the United States Armed Forces

If you have you served as an active duty member of the Armed Forces of the United States and been honorably discharged, check yes and contact the exam unit to obtain instruction on documentation to provide to be eligible for expedited processing in compliance with BPC §115.4.

Section 14 - Spouse or domestic partner of an active duty member of the Armed Forces

If you are currently married or in a domestic partnership with an active duty member of the Armed Forces of the US assigned to a duty station in this state under official active duty military orders, check yes and contact the exam unit to obtain instruction on documentation to provide to be eligible for expedited processing and a fee waiver in compliance with BPC §115.5. To be eligible you must also have a valid acupuncture license in another state.

Section 15 – Refugees, Asylees, and Special Immigrant Visa Holders

If any of the following apply to you, attach evidence of your status as a refugee, asylee, or special immigrant visa holder to be eligible for expedited processing in compliance with BPC §135.4:

- A. You were admitted to the US as a refugee per Section 1157 of title 8 of the US Code;
- B. You were granted asylum by the Secretary of Homeland Security or the US Attorney General per Section 1158 of the US Code; or,
- C. You have a special immigrant visa and were granted a status per section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translator/interpreters or those who worked for or on behalf of the US government.

To be eligible you must include evidence of your status as a refugee, asylee or special visa holder.

Qualification Pathway Required Documentation and Fees

Please select the applicable pathway in which you are qualifying for the California Acupuncture Licensing Examination. Fees due are determined by the pathway in which you qualify as specified on the form.

Section 16. Tutorial Applicants

If you are qualifying via the Tutorial program, indicate your program completion date.

Provide a copy of your government issued picture ID

Request the Education Coordinator at the Board to give your completed file to the Exam Unit.

Section 17. Board Approved Educational and Training Program Applicants

Approved Educational and Training Program

Please list the program (school) where you completed the approved acupuncture curriculum. Arrange for the school to send an original transcript with signature and official seal directly to the Board. Digital transcripts can be sent to AcuTranscripts@dca.ca.gov. Your acupuncture school must list transfer credits on your transcript or provide a Transfer Credit Form for courses that were transferred from other colleges toward your TCM program. The Clean Needle Technique (CNT) certificate should also be sent by the school if taken at the school.

Transfer/Undergraduate Credit

Official Transcripts are only required if the courses are not listed with your official transcript from your TCM school.

Section 18. Foreign-Trained Applicants

List the schools where you received your undergraduate and Traditional Chinese Medicine education.

Official Foreign Transcript Requirements

All education from foreign universities must be evaluated by a foreign transcript evaluation service that is a member of the National Association of Credential Evaluation Services (NACES). Official Transcripts must come directly from the school, or a certified copy can be included from the foreign transcript evaluation service. For a complete list of required documents contact the Exam Unit at AcuExamUnit@dca.ca.gov.

ADDITIONAL DOCUMENTS TO SUBMIT FOR ALL APPLICANTS

1) Cardiopulmonary Resuscitation (CPR Certificate) and First Aid

A photocopy of your current CPR Certificate showing completion of a certified training offering both first aid and adult/child cardiopulmonary resuscitation (from the American Red Cross or American Heart Association).

2) Clean Needle Technique (CNT) Certificate

The CNT Certificate must be issued by Council of Colleges of Acupuncture and Herbal Medicine (CCAHM), **or** School if the CNT course was taught by your school

3) Photocopy of U.S. government issued picture ID

APPLICATION SUBMISSION

Mail your completed application to the following address:

**California Acupuncture Board
1625 N. Market Blvd,
Suite N-219
Sacramento, CA 95834**

To receive verification that an application is received, it is recommended that you apply online at the Board's website. The Board is not responsible for those applications that do not arrive at the Board office (i.e. lost in mail, etc.).

Request for Reasonable Accommodations:

The Americans with Disabilities Act and the California Fair Employment and Housing Act allows for testing accommodations or auxiliary aids or services for applicants who can substantiate the need for reasonable accommodation.

Contact AcuExamUnit@dca.ca.gov for procedures for exam candidates requesting accommodations and the required forms.

Forms for Reasonable Accommodation application should only be sent to the Board **after** you have been fully approved to test.