



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



## APPLICATION UPDATE FOR EXAMINATION

### \$800.00 FEE (NON-REFUNDABLE)

This form is only valid if you have taken the California Acupuncture Licensing Exam (CALE) in the last two years. If it has been more than two years since you last took the CALE, contact the Board before submitting this form. If your eligibility expired, you are required to submit a new Application for Examination, with the \$250.00 fee, or \$350.00 fee for foreign-trained equivalency applicants, and must obtain eligibility again before you can pay your exam fee and schedule the CALE.

**(Please type or print neatly in blue or black ink. For more space, please attach additional sheets.)**

Name	Last	First	Middle	Exam ID Number	
Applicant Address					
<input type="checkbox"/> Check this box if address below is different than on your last application					
Street					
City		State		Zip Code	
Country					
E-mail Address				Phone Number	
Examination language	The exam will be given in the same language you chose previously unless the Board is notified differently in advance.				
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? If yes, on a separate sheet of paper, include state/country, date, and reason for denial.					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>STATEMENT OF APPLICANT</b>					
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 _____					
<b>FOR BOARD USE ONLY</b>					
AMOUNT \$ _____		DATE _____		RECEIPT # _____	