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CONTINUING EDUCATION PROVIDER APPLICATION

Mail all applications with payment to the address shown above

APPLICATION TYPE			
Provider Status Change - \$500.00 fee required to be submitted with application <input type="checkbox"/> New Provider: A CE Provider number will be provided upon approval of application. <input type="checkbox"/> CE Provider Renewal : Submit \$500.00 payment with this form			
Provider Info Change - No fee required, mail or email form to the address shown above <input type="checkbox"/> Contact Info Change <input type="checkbox"/> Provider Name Change <input type="checkbox"/> Coordinator Change			
CE PROVIDER			
CEP Number <small>(leave blank if new)</small>		CE Provider Name	
Website			
Organization Email		Organization Phone Number	
Organization Owner Name			
Mailing address			
STREET			
CITY		STATE	ZIP
CE COORDINATOR			
Name			
Email Address		Phone Number	
ATTESTATION			
<p style="text-align: center;">I certify under penalty of perjury under the laws of the State of California that I and the CE Provider organization I represent in this application have read and will comply with the continuing education regulations, and that all statements contained in this application are true and correct.</p> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <div style="border-top: 1px solid black; width: 45%;"></div> <div style="border-top: 1px solid black; width: 30%;"></div> </div> <div style="display: flex; justify-content: space-between; width: 80%; margin: 5px auto;"> Authorized CE Provider Representative Signature Date </div>			

FOR BOARD USE ONLY			
AMOUNT \$ _____	RECEIPT # _____	Check # _____	DATE _____