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Tutorial Program Trainee Application

\$1000 Application Fee

TUTORIAL TRAINEE PERSONAL INFORMATION					
Trainee Name	Last	First	Middle	Date of Birth MM/DD/YYYY	
MAILING ADDRESS					
Street					
City				State	Zip Code
Email Address				Phone Number	
TUTORIAL TRAINEE REQUIREMENTS					
Proposed Supervisor Name	Last	First	Middle	Proposed Supervisor License #	AC _____
1a. Have you applied for the CA Acupuncture Tutorial Program in the past?				<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; padding: 10px; width: 100%;"> In this space, glue or tape a recent 2" x 2" passport-sized and quality photograph. </div>
1b. If yes, when was that application submitted?				MM/YYYY _____	
2a. Have you graduated High School or passed a Standard Equivalency Test?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2b. If yes, a notarized copy of either your diploma or official documentation for equivalency is required with the application.					
ATTESTATION					
I certify under penalty of perjury that the information contained in this application and any included attachment(s) is true and correct. I have read and understand the 'Laws and Regulations Relating to the Practice of Acupuncture' specifically the sections pertaining to acupuncture tutorials, acupuncture supervisors, and acupuncture trainees and their mutual legal, professional, and ethical responsibilities.					
_____			_____		
Signature of Trainee			Date		
FOR BOARD USE ONLY					
AMOUNT \$ _____		ATS RECEIPT # _____		Check # _____	
DATE _____					