



TEXAS STATE BOARD OF ACUPUNCTURE EXAMINERS

Continuing Acupuncture Education Approved Provider Application

All applications and documentation shall be typewritten and in English and signed by the provider's President, Chief Executive Officer, or Chief Operating Officer.

Provider Name _____

Provider Mailing Address (Street, City, State, Zip) _____

Telephone Number _____

E-Mail Address _____

I hereby certify that:

- I am familiar with Section 183.20 of the Board Rules as they relate to Continuing Acupuncture Education.
- I understand that the board may audit during reasonable business hours records, courses, instructors and related activities of an approved provider.
- I have three continuous years previous experience providing CAE courses in Texas that were approved by the board and that I have course evaluations from participants in each of these courses on each date it has been provided since approval of the course by the board.
- I have no history of complaints or reprimands with the board.
- I shall offer CAE programs that are presented or instructed by persons who meet the minimum criteria as described in subsection 183.20(t) of the board's rules.
- I shall keep the following records for a period of four years in one identified location: (A) Course outlines of each course given; (B) Record of time and places of each course given; (C) Course instructor curricula vitae or resumes; (D) The attendance record for each course which shows the name, signature and license number of any Texas licensed acupuncturists taking the course and a record of any certificates issued to them; and (E) Participant evaluation forms for each course given.
- I shall submit to the board the following within ten days of the board's request: (A) A copy of the attendance record showing the name, signature and license number of any licensed acupuncturists who attended the course; and, (B) The participant evaluation forms of the course.
- I shall issue, within 60 days of the conclusion of a course, to each participant who has completed the course, a certificate of completion that contains the following information: (A) Provider's name and number; (B) Course title; (C) Participant's name and, if applicable, his or her acupuncture license number; (D) Date and location of course; (E) Number of continuing education hours completed; (F) Description of hours indicating whether hours completed are in general acupuncture, ethics, herbology, or practice management; and, (G) Statement directing the acupuncturist to retain the certificate for at least four years from the date of completion of the course.
- I shall notify the board within 30 days of any changes in organizational structure of a provider and/or the person(s) responsible for the provider's continuing education course, including name, address, or telephone number changes.
- I understand that the title "preferred provider" can only be used after a provider number has been issued by the board.
- I understand that a person or organization may be issued only one provider number and, that when two or more approved providers co-sponsor a course, the course shall be identified by only one provider number and that provider shall assume responsibility for recordkeeping, advertising, issuance of certificates and instructor(s) qualifications.

Date _____

Signature _____

Printed Name _____

Title _____

(President, Chief Executive Officer or Chief Operating Officer)

Location Address:
333 Guadalupe, Tower 3, Suite 610
Austin, Texas 78701

Mailing Address
P.O. Box 2029
Austin, Texas 78768-2029

Phone 512.305.7030
Fax 512.463-9416
Licensure Fax 512.305.7009
www.tmb.state.tx.us