



TEXAS STATE BOARD OF ACUPUNCTURE EXAMINERS

Continuing Acupuncture Education (CAE) Approved Provider Application

THIS APPLICATION IS FOR PROVIDERS THAT ARE NOT APPROVED BY THE NCCAOM
DO NOT SUBMIT IF YOU ARE APPROVED BY THE NCCAOM

The Texas State Board of Acupuncture Examiners (TSBAE) requires a license holder to complete a certain number of hours of Continuing Acupuncture Education (CAE) courses, in certain categories, approved by the board to renew their license.

Courses offered by an approved provider may be used by a licensee to satisfy the CAE requirement. Approved Providers do not have to submit individual course applications for approval while they hold the approved provider status. Board rule §184.17 Biennial Continuing Acupuncture Education (CAE) Requirements describes the type of CAE courses and the number of hours a licensee must complete in order to register or renew their license.

To become an approved provider, a provider must submit evidence that they have three continuous years of previous experience providing at least one different CAE course in Texas in each of those years that were approved by the board. Example: Provider ATX had Course 1 approved by the board in 2020, then a different course, Course 2, in 2021 and then Course 3 in 2022.

Provider approval is valid for three years. Only one provider number is issued to an organization, and it is not transferable

Procedure

An application can be reviewed and approved by the Director of Licensure, but review may escalate to the Executive Director or the Board. Applications must be processed and found to be in order at least 30-45 days prior to the next board meeting in the event review of the application has escalated to the Board.

The following items must be submitted:

- Application signed by the President, Chief Executive Officer, or Chief Operating Officer.
- List of courses that have been approved by the TSBAE during the three-year period.
- A \$50 fee made payable to the TSBAE.

If you have any questions regarding continuing education requirements, email us at registrations@tmb.state.tx.us.

Location Address:
1801 Congress Ave, Suite 9-200
Austin, Texas 78701

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

Phone 512.305.7030
Licensure Fax 888.550.7516
www.tmb.state.tx.us



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Provider Name

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

Telephone Number

E-Mail Address

I hereby certify that:

- I, the provider, is not approved by the NCCAOM;
- I am familiar with Board Rule §184.18 as they relate to Continuing Education Courses.
- I am familiar with and will adhere to the Provider Responsibilities and Duties as outlined in Board Rule §184.18(d): including keeping course records for four years and providing notice of any changes in person(s) responsible for the provider's continuing education course, including name, address or telephone number changes.

Date_____

Signature_____

Printed Name_____

Title_____

(President, Chief Executive Officer or Chief Operating Officer)

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