Arkansas State Board of Acupuncture and Related Techniques
License Renewal Application

The biennial licensure renewal fee has been temporarily reduced to $20.00 for the 2026 licensure renewal season. Make checks or money orders payable to "ASBART"

1. Please make any corrections/additions to the contact information below:

Name:	
Company/Practice:	
Website:	
Email:	
Business Address:	
Business Phone:	
Home Address:	
Home Phone	
Preferred Mailing Address: (Home or Business)	

GENDER: ❒ Male ❒ Female

ETHNICITY/RACE:
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White/Caucasian

Are you an active member of the Military stationed in AR? Yes ☐ No ☐

Are you a former member of the Military? Yes ☐ No ☐

If yes:

Discharge date? _____

Dishonorable Discharge? Yes ☐ No ☐

Is your spouse an active member of the Military stationed in AR? Yes ☐ No ☐

Is your spouse a former member of the Military? Yes ☐ No ☐

If yes:

Discharge date? _____

Dishonorable Discharge? Yes ☐ No ☐

2. Please mark your response next to each of the statements below as required in 17 CAR § 170-313 of the Board Rules and Regulations:

A.1 **LICENSE RENEWAL:** Every Applicant for license renewal must provide a statement as to whether he or she, since applying for licensure or since last applying for license renewal, whichever occurred most recently:

(a) Has been subject to any disciplinary action in any jurisdiction related to the practice of acupuncture and related techniques, or related to any other health care professions for which the Applicant for license renewal is licensed, certified, registered or legally recognized to practice;

Yes _____ No _____

(b) Has been a defendant in any litigation in any jurisdiction related to his or her practice of acupuncture and related techniques, or related to any other health care professions for which the Applicant for license renewal is licensed, certified, registered or legally recognized to practice; and

Yes _____ No _____

(c) Has been convicted of a felony in any jurisdiction.

Yes _____ No _____

3. Please enclose certificates of attendance to fulfill the following requirements 17 CAR § 170-314 of the Board Rules and Regulations for continuing education units:

B.1 **CONTINUING EDUCATION:** The Board shall not renew the license of any licensee unless the licensee presents to the Board evidence of attendance at a Board approved educational session or sessions of not less than twenty-four (24) hours of continuing education within the previous biennial period, which shall include a CPR course for healthcare professionals, to be considered as two (2) hours of the required twenty-four (24) hours of continuing education.

Approved continuing education courses may not be retaken for credit in consecutive biennial periods. Proof of teaching courses related to acupuncture or related techniques may be applied to a maximum of four (4) hours of continuing education, subject to approval by the board.

B.2 The Board may accept hours from Board approved courses or NCCAOM approved courses as valid continuing education hours, provided that documentation contains: provider contact information, course information (including any relevant NCCAOM reference), and official seal or signature.

4. CERTIFICATION: I hereby attest that the statements made herein are true and accurate and the documents submitted herewith accurately reflect my completion of the continuing education sessions.

_____ Date: _____

«First_Name» «Last_Name», L.Ac.