



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**BOARD OF ACUPUNCTURE LICENSING**  
121 SOUTH FRUIT STREET, CONCORD, NH 03301-3857  
603- 271-9254 FAX: 603-271-6702 TDD Access: 1-800-735-2964  
[nhbal.info@dhhs.state.nh.us](mailto:nhbal.info@dhhs.state.nh.us) [www.nh.gov/acupuncture](http://www.nh.gov/acupuncture)

**Request for Pre-Approval of Continuing Education Units**

The NHBAL recommends you consider instead making your request to the NCCAOM review service to provide participants convenient national CEU acceptance. CEU courses approved by NCCAOM will generally be accepted for NH license renewal unless about business, insurance or other topic not allowed in NH for Acupuncture CEU (call if you have questions). E.g. [www.nccaom.org](http://www.nccaom.org)

**Sponsoring Agency/Contact Person:**

Sponsor \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Proposed Course Details:**

(Provide all the information below, with requested attachments, and sign. Marketing materials, such as flyers, may also be included.)

**a. Title of course:**

\_\_\_\_\_

**b. Location where course will be held:**

\_\_\_\_\_

**c. Dates and times of course** \_\_\_\_\_

**d. Course Objective**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- e. Description of all relevant subjects to be covered that conform to NH Acupuncture Rule 402.04(a) and (b) [note business and insurance not allowed.]

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- f. Course Syllabus ATTACH a sheet including  
Schedule with hourly breakdown of activities, specify lunch or breaks  
List of required textbooks and/or equipment  
Specify as classroom supervised or distance learning

- g. Name(s) and professional qualification of the instructors(s)  
ATTACH a bio or resume

- h. I hereby swear that attendance will be checked twice per day and an attendance list kept for 4 years for future audit by NHBAL or NCCAOM. (i.e. attendance checked at beginning and end, or before and after lunch.)

\_\_\_\_\_ sign and date

- i. I agree that attendees who are present for the entire course will receive an attendance certificate.

\_\_\_\_\_ sign and date

- j. Number of CEU you are requesting (1 hour classtime = 1 CEU) \_\_\_\_\_

**CEU certificates given to attendees should include the following, which should satisfy the CEU certificate proof requirements of most states and the NCCAOM.**

**student name**  
**the course title**  
**instructor name**  
**sponsor name or organization**  
**dates**  
**location**  
**# of CEU approved**  
**the NHBAL course approval number**

**No course shall be advertised as having board approval until same is granted by the NHBAL. You may only advertise “CEU requested and pending approval.”**

**Submit this form with attachments to the address on the above letterhead. The Board will inform you of its decision within 60 days of receipt of request.**

**\*Please note that any teacher who is not licensed in NH, and who intends to practice acupuncture (insertion of needles) during the course of instruction, *must* apply for a Temporary Teaching License in NH at least 60 days in advance.**

**The Temporary Teaching License *must* be filed for any course actually *taught* in NH, regardless of whether CEU approval is being requested from NHBAL or not (i.e. if CEU approval only requested from NCCAOM for a course taught in NH).**