

TO: Registrar
College and Association of Acupuncturists of Alberta
#201, 9612 – 51 Ave. NW
Edmonton, AB T6E 5A6
Fax: 780-466-7251

RE: LETTER OF STANDING

Name of the Registrant: _____

Registration Designation & Number: _____

Date of Initial Registration: _____

Registered on the basis of, please check the appropriate:

- Provincial Registration Examination
- Grandfather Clause
- Canadian Reciprocity Agreement (LMA) from _____
- Other (please specify): _____

Current Registration Status: _____

Has registration ever been revoked, suspended, or subject to other disciplinary action?

- Yes No (if yes, please explain)

Has the registrant ever been the subject of a formal complaint which has been concluded?

- Yes No (if yes, please explain)

Is there any pending complaint in the registrant's file?

- Yes No (if yes, please explain)

Does the registrant owe any fee to your college?

- Yes No (if yes, please explain)

Acupuncture Regulatory Authority: _____

Registrar's Signature

Date