

LETTER OF STANDING

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

Name of the Registrant: _____

Registration Designation (R.Ac, TCMP, DTCM): _____

Date of Initial Registration: _____

Expiry Date of Current Registration: _____

Registered on the basis of, please check the appropriate:

- Provincial Registration Examination; in which language: _____
- Grandparenting registration; Current Registration Status: _____
- Canadian Reciprocity Agreement (LMA) from _____
- Other (please specify): _____

Has the registrant ever been the subject of a complaint or disciplinary proceeding?

- Yes No (if Yes, please explain)

Has registration ever been revoked, suspended, or subject to other disciplinary action?

- Yes No (if Yes, please explain)

Has the registrant always complied with your continuing education/competency requirements?

- Yes No (if No, please explain)

Has the registrant always complied with your practice requirements (e.g., practice hours)?

- Yes No (if No, please explain)

Does the registrant owe any fee to your college?

- Yes No (if Yes, please explain)

Other relevant information

Regulatory Authority: _____

Seal:

Registrar's Signature

Date