



COLLEGE & ASSOCIATION OF
Acupuncturists
OF ALBERTA

I, _____ (*the undersigned*), R_____ (registration number with the CAAA), request that the College and Association of Acupuncturists of Alberta release any information pertaining to my acupuncture registration/practice to the following acupuncture regulatory body of the jurisdiction where I am applying to become a Registered Acupuncturist.

Please check:

- The College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia
1664 West 8th Avenue
Vancouver, BC V6J 1V4
- Ordre des acupuncteurs du Quebec
505 boul. Rene-Levesque Ouest, bureau 1106
Montreal, QC H2Z 1Y7
- College of Traditional Chinese Medicine Practitioners & Acupuncturists of Ontario
163 Queen Street East, 4/F
Toronto, ON M5A 1S1
- Newfoundland and Labrador Council of Health Professionals
Suite 121, 510 Topsail Road
St. John's, NL A1E 2C2

Signature of Applicant

Date