



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  
900-200 Granville Street  
Vancouver, BC V6C 1S4
- 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  
705, 55 Commerce Valley Drive West  
Thornhill, ON L3T 7V9
- Newfoundland and Labrador Council of Health Professionals  
Suite 121, 510 Topsail Road  
St. John's, NL A1E 2C2

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Signature of Applicant

\_\_\_\_\_  
Date